HARVARD EXTENSION SCHOOL
**Student Financial Services** • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • (617) 495-2921 fax • studentfinance@extension.harvard.edu

# 2018–19 Verification Worksheet: Dependent Student Household

Your 2018–19 Free Application for Federal Student Aid (FAFSA) has been selected by the US Department of Education for review in a process called Verification. We are therefore required to confirm certain information you reported on the FAFSA. We will compare your FAFSA with the information you provide below. If there are differences, we will update your FAFSA accordingly. We may ask for additional information. If you have questions about the Verification process please don't hesitate to contact our office.

## A. Student Information *(for institutional identification purposes)*

| **STUDENT LEGAL NAME** (exactly as printed on your government-issued photo ID) | | |
|---|---|---|
| Last/Family/Sur name(s) | First/Given name(s) | Middle name(s) |
| | | |

**DCE ID NUMBER** (if known): @ _____

*See* extension.harvard.edu/login *if unsure*

**LAST 4 DIGITS OF SOCIAL SECURITY NUMBER**: X X X X X - _____

**DATE OF BIRTH** example: JAN 01 1994

_____ _____ _____

*Month (MMM)* *Day (DD)* *Year (YYYY)*

## B. Household Information

Please list the people in your household below (whether or not they will attend college).

**Include:**
- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2018, through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018-2019. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

| **FULL NAME** | **AGE** | **RELATIONSHIP** | **COLLEGE** (see below)* |
|---|---|---|---|
| | | Self | Harvard Extension School |
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* Include the name of the college for any household member, excluding your parent(s), who will be enrolled, *at least half time* in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2018, and June 30, 2019. *If more space is needed, attach a separate page with the student's name and DCE ID number at the top.*

**Note:** We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate

## C. Student/Parent Signatures

By signing this worksheet, we certify that all of the information reported above is complete and correct. At least one parent must sign.

Student's signature _____ Date _____

Parent's name (please print) _____

Parent's signature _____ Date _____

**Return completed form to:**

Student Financial Services Office, Harvard Extension School, 51 Brattle Street, Cambridge, MA 02138-3722

**or fax it to:**

(617) 495-2921