## Financial Aid Office

800 West Main Street Whitewater, WI 53190 www.uww.edu/financialaid p 262-472-1130 f 262-472-5655 uwwfao@uww.edu

## 2024-2025 VERIFICATION WORKSHEET-INDEPENDENT STUDENT

Student Name:		Student ID#:			
	Last	First	MI		
Home Address:				Phone:	
	Street	City	State ZIP	Code Home I	Number
verify that the rare accurate. <b>U</b>	n has been selected for review number of family members in your se the tables below to list the ct the Financial Aid Office.	our household and	the number atten	ding college you reported	on the FAFSA
List yourself		T			
	FULL NAME	DATE OF BIRTH	(mm-dd-yyyy)	COLLEGE	<b>.</b>
				UW-Whitewa	ter
List your spous	e, if you have one			T	
	FULL NAME	DATE OF BIRTH	(mm-dd-yyyy)	COLLEGE (if applied	cable¹)
List other hous	pace provided. ehold members <sup>2</sup> FULL NAME	DATE OF BIRTH	(mm-dd-yyyy)	RELATIONSHIP TO S	TUDENT
<sup>2</sup> List other peop more than hal <sup>2</sup> If you need mo By signing this value or mislead	ren, if you will provide more the ple if they now live with you, and for their support from July 1, 2 pre space, you may write on the worksheet, I certify that all the ling information on this workshumentation if we have reason	nd you provide mo 2024 through June is e back of this form. information report neet, you may be fi	re than half of the 30, 2025. ted on it is comple ned, sentenced to	eir support and will conting ete and correct. If you pu giail, or both. <b>Note: We</b>	nue to provide rposely give
Student Signatu	Ire (typed signatures are not acceptable)		Date		