

You reported on your 2023-2024 Free Application for Federal Student Aid (FAFSA) that you have dependents (other than your children) that live with you and receive more than half of their support from you. Federal regulations state that before awarding Federal Student Aid, students may be asked to confirm the information that was reported on their FAFSA. To make sure that no mistakes were made, we will compare your FAFSA with the information on this institutional verification document. If there are differences, your FAFSA information may be updated electronically. You must complete and sign this verification form and submit it along with any other requested documents to the Office of Student Financial Aid before your financial aid can be processed. **All required documents must be submitted at the same time. We will not accept partial or incomplete documents.** If you need assistance, please contact our office by email or phone 256-765-4278. **Submit this worksheet by mailing it to UNA Student Financial Aid, UNA Box 5014, Florence AL 35632, by email to financialaid@una.edu, or by fax to 256-765-4920.**

A. Student Information

Student's Name _____ Student's ID Number _____

Student's Address _____ Student's Date of Birth _____
(include apt. no)

(city) (state) (zip code) Student's Email Address _____

Student's Home Phone Number _____ Student's Cell Phone Number _____

B. Student's Dependent Information

1) List below dependents (other than your children) who live with you and receive **more than half** of their support from **you** now through June 30, 2024. Support includes money, housing, food, clothes, medical and dental care, childcare, and similar expenses.

2) You must attach a **signed statement** that the dependents live with you and explaining how you provide support for them as defined above. You must also attach supporting documents such as: legal documentation, a copy of your most recent payroll check stub, a copy of your most recent tax return claiming the person(s) below as dependents, TANF check, WIC program eligibility notice, Medicaid eligibility notice for dependent, proof of daycare payments, proof of housing, etc.) to substantiate your claim of support for the dependents listed below.

NAME OF DEPENDENT	AGE	RELATIONSHIP

The Financial Aid Office reserves the right to request additional documentation necessary to determine your status.

C. Certification and Signature

By signing this form, you certify that all the information reported on it is complete and correct.

Student's Signature _____ Date _____

Hand-written signatures must be provided.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.