

2022-2023 V4 Custom Verification Worksheet

V4

Your 2022–2023 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. The law states that before awarding Federal Student Aid, we must ask you to confirm the information reported on your FAFSA. To verify that you provided correct information, the Financial Aid Office willcompare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected.

You must complete and sign this worksheet, attach any required documents and submit the form and other required documents to the Financial Aid Office at Warner University. Financial Aid may ask for additional information. If you have questions about Verification, contact Financial Aid Office at (863) 638-7202 as soon as possible so that your financial aid will not be delayed.

DO NOT LEAVE BLANK - READ AND COMPLETE ALL SECTIONS!

1. Student Information			
Last Name	First Name	M.I.	SSN
2. Financial Aid Dependency State	JS		
When completing your FAFSA we	ere you required to provide p	arental information?	
Yes. You are considered a <u>DEF</u> the remaining sections.	PENDENT student for financial	aid purposes. Comp	lete the <u>DEPENDENT</u> portion of
 No. You are considered an <u>IN</u> of the remaining sections. 	DEPENDENT student for financ	cial aid purposes. Co	mplete the <u>INDEPENDENT portion</u>

3. Household Chart

DEPENDENT

List (in the chart below) the people in your parent(s)' household. Include:

- Yourself, even if you don't live with your parent(s).
- Your parent(s) (including a stepparent).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2022, through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022–2023. 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, 2023.

INDEPENDENT

List (in the chart below) the people in your household. Include:

- ■Yourself.
- ☐ Your spouse, if you are married.
- •□Your children, if any, if you will provide more than half of their support from July 1, 2022, through June 30, 2023, or if the child would be required to provide parental information if they were completing a FAFSA for 2022–2023. Include children who meet either of these standards, even if they do not live with you.
- •□Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 20223.

Include the name of the college for any household member who will be enrolled <u>at least half time</u> in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2022, and June 30, 2023. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time?
		self	Warner University	

. 2020 Child Support Paid				
DEPENDENT		INDEPENDENT		
the household	Yes No Did one (or both) of your parents listed in the household chart above pay child support in 2020?		Did either you or your spouse listed in th household chart above pay child support in 2020?	
support was paid, the name child support that was paid i	s of the children for whom c in 2020 for each child. If aske you need more space, atta	ild support, the name of the person thild support was paid, and the totaled by the school, I will provide docuted a separate page that includes the	l annual amount of mentation of the	
Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name of Child for Whom Support Was Paid	Amount of Support Paid in 2019	
Marty Jones	Chris Smith (example)	Terry Jones	\$6,000.00	
Supplemental Nutrition Assis	stance Program or SNAP Ber	nefits (formerly known as food stam	os)	
-				
<u>DEPENDENT</u> ☐ Yes ☐ No Did someone	listed in the household	INDEPENDENT ☐ Yes ☐ No Did someone liste	d in the household	
chart above r	receive benefits from SNAP	chart above rece	ive benefits from SNA	
any time durir calendar yea	ng the 2020 or 2021	any time during tl calendar years?	ne 2020 or 2021	
Calcridat yea	1134	calciladi yedis		
If asked by the school I will r	provide documentation of re	eceipt of SNAP benefits during 2020	and/or 2021	
in daked by into serieon, i will p	nondo documentament en re	secipi of or all all sections doming 2020	arra, or 2021.	
High School Completion Sta	tus			
-	diploma, GED or have comp	oleted my homeschooling requirement	ents.	
Check only one: O I have previously sub	mittad dacumentation to th	ne Financial Aid Office at Warner Un	ivorcity	
O Attached is a copy of		ie financiai Ala Office di Warrier off	iversity	
	•	ter from district confirming homeschool	ing requirements met)	
O I will provide docume	entation. Please indicate typ	e of documentation:		
□ No, I do not have a high s	chool diploma or GED, nor	have I completed homeschooling r	equirements.	
☐ I am attaching:		Lavardia di Santa di Cari		
-	om my High School stating I	·	ear program that is	
	redit toward a bachelor's de	cessfully completed at least a two-ye earee	zai program mans	
•		t vour Financial Aid Counselor		

7. Educational Purpose – Valid government-issued photo id required for this section

This section must be signed and completed by the student AND witnessed by a Warner University financial aid staff member at the time it is completed. I certify that I,_____am the individual signing this statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Warner University for 2022-2023. Student's Signature Date If you are unable to appear in person you must complete the Notary's Certificate of Acknowledgement below. Notary's Certificate of Acknowledgement State of _____ City/County of _____ on ____, before me, (Date) ____personally appeared, ____ (Print Student Name) ____, and provided me (Notary's Name) on basis of satisfactory evidence of identification ____ (Type of government-issued photo ID provided) above-named person who signed the foregoing instrument. **WITNESS** my hand and official seal My commission expires on: (seal) (Notary Signature) (Date) FA Initials & Date: ID Reviewed & Copied: Drivers License State ID Passport Other: ___ 8. Certification and Signatures Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **DEPENDENT INDEPENDENT**

Student's Signature Student's Signature Date Date Parent's Signature Date Spouse's Signature (Optional) Date

WARNING:

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

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the Financial Aid Office at Warner University.

> Warner University Financial Aid 13895 Highway 27, Lake Wales, FL 33859

Phone: (800) 949-7248; (863) 638-7202 FAX: (863) 638-7603