



# 2025-2026 V4 Custom Verification Worksheet

# V4

Your 2025-2026 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 Student Financial Services Office will compare 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 Student Financial Services Office at Warner University. Student Financial Services may ask for additional information. If you have questions about Verification, contact Student Financial Services 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
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## 2. Financial Aid Dependency Status

When completing your FAFSA were you required to provide parental information?

- ☐ Yes. You are considered a **DEPENDENT** student for financial aid purposes. Complete the **DEPENDENT** portion of the remaining sections.
- ☐ No. You are considered an **INDEPENDENT** student for financial aid purposes. Complete the **INDEPENDENT** portion of the remaining sections.

## 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, 2024, through June 30, 2025, or if the other children would be required to provide parental information if they were completing a FAFSA for 2025-2026. 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, 2025.

### **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, 2024, through June 30, 2025, or if the child would be required to provide parental information if they were completing a FAFSA for 2025-2026. 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, 2025.

Include the name of the college for any household member who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2024, and June 30, 2025. 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	

#### 4. 2022 Child Support Paid

##### DEPENDENT

☐ Yes ☐ No Did one (or both) of your parents listed in the household chart above **pay** child support in 2023?

##### INDEPENDENT

☐ Yes ☐ No Did either you or your spouse listed in the household chart above **pay** child support in 2023?

If yes, indicate the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2023 for each child. If asked by the school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes the student's name and Social Security Number at the top.*

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 2023
Marty Jones	Chris Smith (example)	Terry Jones	\$6,000.00

#### 5. Supplemental Nutrition Assistance Program or SNAP Benefits (formerly known as food stamps)

##### DEPENDENT

☐ Yes ☐ No Did someone listed in the household chart above receive benefits from SNAP any time during the 2023 or 2023 calendar years?

##### INDEPENDENT

☐ Yes ☐ No Did someone listed in the household chart above receive benefits from SNAP any time during the 2023 or 2023 calendar years?

If asked by the school, I will provide documentation of receipt of SNAP benefits during 2023 and/or 2023.

#### 6. High School Completion Status

☐ Yes, I have a high school diploma, GED or have completed my homeschooling requirements.

Check only one:

- ☐ I have previously submitted documentation to the Financial Aid Office at Warner University
- ☐ Attached is a copy of my documentation  
(official high school transcript, passing GED scores, letter from district confirming homeschooling requirements met)
- ☐ I will provide documentation. Please indicate type of documentation: \_\_\_\_\_

☐ No, I do not have a high school diploma or GED, nor have I completed homeschooling requirements.

☐ I am attaching:

- ☐ A signed statement from my High School stating I excelled academically
- ☐ An academic transcript that indicates that I successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree
- ☐ I cannot provide documentation. *Please contact your 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 2025-2026.

\_\_\_\_\_  
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, \_\_\_\_\_, and provided me  
(Notary's Name) (Print Student Name)  
on basis of satisfactory evidence of identification \_\_\_\_\_ to be the  
(Type of government-issued photo ID provided)  
above-named person who signed the foregoing instrument.

**WITNESS** my hand and official seal

(seal)

My commission expires on:

\_\_\_\_\_  
(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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### INDEPENDENT

\_\_\_\_\_  
Student'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