

Information updated from						
original FAFSA.						
Initial						
Date						

Financial Aid Office 2023-2024 Verification Worksheet Independent

Independent Student								
Section 1: Student Information								
Student name					Student ID #			
Student cell phone number					Student SSN			
Independent Student								
Section 2: Student's Spouse Information								
List your spouse below, if applicable. Do not list you at least half-time (6 credits or more) in a degree, diplicable your spouse is attending.								
Full Name			Age	Date of	ate of Birth Relationship to Student			
Section 2: Student's Household Information	-							
 Read carefully and list the following individuals. You or your spouse's children, if you will provide more than half of their support from July 1, 2023 through June 30, 2024 Do not include foster children. Other individuals. Only include those if they live with you and will receive more than half of their support from you and will continue to receive this support from July 1, 2023 through June 30, 2024. Individuals in college, list below that will be attending college at least half-time (6 credits or more) in a degree, diploma, or certificate program between July 1, 2023 and June 30, 2024, please list the name of the college they are attending. 								
Full Name	Age	Date of Birth Relat			ionship to Student		College Attending	
By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.								
Student Signature	Date	e						

Please complete and return to: ASU - Beebe Financial Aid Office
Mail: 1000 W. Iowa Street Beebe, AR 72012 Email: finaid@asub.edu