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 Ho	ome Number
verify that the rare accurate. U	n has been selected for revient number of family members in yes the tables below to list the ct the Financial Aid Office.	our household and	the number atten	ding college you repo	rted on the FAFSA
List yourself				1	
	FULL NAME	DATE OF BIRTH	(mm-dd-yyyy)	COLLE	
				UW-Whit	ewater
List your spous	e, if you have one				
	FULL NAME	DATE OF BIRTH	(mm-dd-yyyy)	COLLEGE (if a	applicable ¹)
List other hous	ehold members ² FULL NAME	DATE OF BIRTH	(mm-dd-yyyy)	RELATIONSHIP ⁻	ΓΟ STUDENT
² List other peop more than hal ² If you need mo By signing this value or mislead	ren, if you will provide more to ble if they now live with you, a f of their support from July 1, ore space, you may write on the worksheet, I certify that all the ling information on this works umentation if we have reason	and you provide mo 2024 through June he back of this form e information report heet, you may be fi	re than half of the 30, 2025. ted on it is comple ned, sentenced to	eir support and will co ete and correct. If yo o jail, or both. Note:	ontinue to provide u purposely give We may request
Student Signatu	Ire (typed signatures are not acceptable)	Date		