

Office of Undergraduate Financial Aid 275 Mount Carmel Avenue | Hamden, CT 06518-1908 Phone: 203-582-8750 | Fax: 203-582-4060 finaid@qu.edu | qu.edu/upload



## 2025-26 Independent Student Verification Worksheet

Your 2025–26 Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. To verify that you provided correct answers on the FAFSA, we will compare your answers with the information on this worksheet, and any other required documents. If there are differences, we may need to correct the information that was reported. Please complete and sign this worksheet, attaching any required documents, and continue to monitor Self-Service to avoid missing additional document requests. If you have any questions about verification, please contact our office to avoid processing delays.

Student's last name	Student's first name		Student's QU ID#
Student's street address (include apt. no.)			Student's home phone number
City	State	Zip	Student's cell phone number

## **Independent Student's Family Information:**

List below the people in your household. Include:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if all of the following are true:
  - They live with the student (or live apart because of college enrollment);
  - They receive more than half of their support from the student; and
  - o They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
  - o They live with the student;
  - O They receive more than half of their support from the student; and
  - o They will continue to receive more than half their support from the student between July 1, 2025 through June 30, 2026.

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, 2025, through June 30, 2026.

Full name (List all household members)	Age	Relationship	College name (or N/A if not applicable)	Will be enrolled at least half time between 7/1/25–6/30/26
Marty Jones (example)	28	Spouse	Central University	Yes
		Self		

## **Certification and Signatures**

Each person signing below certifies that all of the information reported on this worksheet is complete and accurate.

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

Student's signature (required)	Date
Spouse's signature (required, if married)	 Date

Please mail, email, upload to our secure document portal, or fax this signed and dated worksheet to the Office of Undergraduate Financial Aid listed above.