



## V4 Custom: 2014-2015 Verification Worksheet

### Federal Student Aid Programs

Your 2014-2015 FAFSA has been selected for review in a process called verification. During this process, Ohio Dominican will be comparing information from your FAFSA with information provided on this worksheet and any additional documentation required. Under federal law, we are required to review these documents before disbursing federal aid. If there are differences between your FAFSA and verification documents, corrections will be submitted by the Financial Aid Office.

**INSTRUCTIONS:** Complete all sections of this worksheet and submit required forms at the same time by fax, mail, or in person to the Financial Aid Office. **Allow a minimum of 2 weeks for processing. Aid will not be applied to your student account until the entire process is complete. Once completed, there may or may not be changes to your financial eligibility.** A revised award letter will be mailed to you if your eligibility changes.

#### A. Student Information

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>ODU Student ID Number</i>
<i>Address (include Apt. #)</i>			<i>Date of Birth</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Phone Number (including area code)</i>

#### B. Household Information

**If you are a Dependent Student:**

List the people in your parents' household; include (a) yourself and the parent(s) you live with (include step-parent); (b) your parents' other children, even if they do not live with your parent(s), **IF** (1) your parents will provide more than half of their support from July 1, 2014 through June 30, 2015, or (2) if they would be required to give parental information when applying for federal student aid; (c) any other people if they now live with your parents, and your parents currently provide more than half of their support and will continue to provide more than half of their support from July 1, 2014 through June 30, 2015. If you need more space, attach a separate page.

**If you are an Independent Student:**

List the people in your household; include (a) yourself, your spouse if married; (b) your children, **IF** you provide more than half of their support from July 1, 2014 through June 30, 2015; or (c) any 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 from July 1, 2014 through June 30, 2015. If you need more space, attach a separate page.

Full Name	Age	Relationship
<i>Example: Tom Cruze</i>	<i>24</i>	<i>Self</i>

#### C. SNAP Benefits

In 2012 or 2013 did you or anyone in your household listed in the chart above, receive the **SNAP** benefit (food stamps)?

Yes  No

## D. Child Support Paid

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Did you or anyone in your household listed in the chart above, pay child support to any children NOT listed in your household for 2013?

Yes  No

If you responded 'Yes' to the above question, complete the chart below:

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 Child Support Paid in 2013 (per child)
<i>Example: Tom Cruze</i>	<i>Katie Homes</i>	<i>Suri Cruze</i>	<i>\$ 3,000.00</i>
			\$
			\$
			\$
			\$

## E. Sign this Worksheet

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By signing this worksheet, I/we certify that all information reported is complete and correct. I/we understand that additional documentation may be required. If you are a Dependent student, at least one parent MUST sign. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

\_\_\_\_\_  
Hand Written Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hand Written Parent Signature (if you are Dependent)

\_\_\_\_\_  
Date

## F. High School Completion Status

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You must provide **ONE** of the following items as proof of your completion of high school; check the box of the item you have attached with this worksheet below:

- Copy of High School Diploma
- Copy of final High School transcript (or letter from institution from which you graduated/received certification)
- Copy of State Certificate for equivalent of High School Diploma

## G. Identity and Statement of Educational Purpose

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### IDENTITY

You are required to appear in person at the Financial Aid office to verify your identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. Ohio Dominican University will maintain a copy of your photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

I, \_\_\_\_\_ (ODU Financial Aid Official) met with, and made a copy of \_\_\_\_\_'s photo ID on \_\_\_\_\_.

**STATEMENT OF EDUCATIONAL PURPOSES**

**\*\* STOP \*\***

The student portion of the remainder of this worksheet must be completed in the Financial Aid office in the presence of a certified financial aid professional.

In addition, you must sign, **in the presence of the institutional Financial Aid Official**, the following:

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
(Print Name)  
and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Ohio Dominican University for 2014-2015.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date

**OFFICE USE ONLY**

<b>Verification Results</b>	
Accurate as originally submitted _____	# in Household (ISIR) _____
Reprocessed/Corrected SAR verification as accurate _____	# in HH on worksheet (Actual) _____
Corrections needed and submitted _____	SNAP Benefit (ISIR)? Y N
Original EFC _____ Corrected EFC _____ Trans. # _____	SNAP Benefit (Actual)? Y N
Verified by _____ Date: _____	Child Support Paid (ISIR) \$ _____
	Child Support Paid (Actual) \$ _____

**OFFICE USE ONLY – CORRECTIONS BACK**

<b>Verification Results</b>	
Accurate as originally submitted _____	# in Household (ISIR) _____
Reprocessed/Corrected SAR verification as accurate _____	# in HH on worksheet (Actual) _____
Corrections needed and submitted _____	SNAP Benefit (ISIR)? Y N
Original EFC _____ Corrected EFC _____ Trans. # _____	SNAP Benefit (Actual)? Y N
Verified by _____ Date: _____	Child Support Paid (ISIR) \$ _____
	Child Support Paid (Actual) \$ _____

Return to: