2015-2016 INDEPENDENT VERIFICATION WORKSHEET

North Greenville University
PO Box 1892, Tigerville, SC 29688
Phone: 864-977-7056 Fax: 864-977-7342
www.ngu.edu

Student’s Last Name, First, M.I. ____________________________ Social Security Number ____________________________

WHY MUST I COMPLETE THIS WORKSHEET?

Your 2015-2016 financial aid application has been selected for a review process called “verification.” Federal law requires the applicant and his/her family to participate in the verification process.

Please list below the people you will support between July 1, 2015 and June 30, 2016.

Include:
1. Yourself
2. Your spouse (if applicable)
3. Other people ONLY if they live with you (& your spouse) and receive more than half their support from you (& your spouse) now AND will continue to receive this support through June 30, 2016.

<table>
<thead>
<tr>
<th>Full Name of Family Member in Your Household</th>
<th>Relationship to Student</th>
<th>Age</th>
<th>Name of College/University in 2015-2016</th>
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Did the student, spouse, or anyone in the household receive benefits from the Supplemental Nutrition Assistance Program (SNAP-Food Stamps) in 2013 or 2014? Yes □ No □

Amount of child support paid: $________________ Name of person who paid: __________________________
Name(s) of child(ren) for whom child support was paid: __________________________
Name of the person to whom child support was paid: __________________________

Please send the items checked below:
___ Students Federal 1040 Tax Return Transcript for 2014 (Copy)
___ Students W2’s for 2014 (Copy)
___ Spouse Federal 1040 Tax Return Transcript for 2014 (Copy)
___ Spouse W2’s for 2014 (Copy)
___ Identity/Statement of Educational Purpose

Student Signature (REQUIRED) ____________________________ Date _____________
Spouse Signature (OPTIONAL) ____________________________ Date _____________

Office Use Only
Date sent:_______________