



NORTH GREENVILLE UNIVERSITY

Christ Makes the Difference

2017-18 DEPENDENT VERIFICATION WORKSHEET

Student's Last Name /First Name/Middle Initial

Student's Social Security Number

Your 2017-18 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 your parent(s) will support between July 1, 2017 and June 30, 2018.

Include:

1. Yourself
2. Your custodial parents (include step parent)
3. Other people **ONLY** if they live with your parents and receive more than half their support from your parent(s) now **AND** will continue to receive this support through June 30, 2018.

Full Name of Family Member in Your Parent's Household	Relationship to Student	Age	Name of College/University in 2017-18

Non-Tax Filers (Please check if applicable):

- The student was not employed and had no income earned from work in 2015.
- Neither parent was employed, and neither had income earned from work in 2015.

Student's signature REQUIRED

Date

Parent's signature REQUIRED

Date