



# OFFICE OF FINANCIAL AID

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## Saint Anselm College 2018-2019 Verification Worksheet Independent Student

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal regulations state that before awarding Federal Student Aid, we ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Office of Financial Aid. You may mail, fax (603-656-6015) or email (financial\_aid@anselm.edu) this completed document to our office.

### BE SURE TO COMPLETE EACH SECTION OF THIS FORM

#### A. Independent Student's Information

Student's Last Name Student's First Name Student's M.I.

Student's ID Number

Student's Street Address (include apt. no.)

Student's Date of Birth

City State Zip Code

Student's Email Address

Student's Home Phone Number (include area code)

Student's Alternate or Cell Phone Number

#### B. Independent Student's Family Information

List below the people in the parents' household. Include:

- Yourself
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2018, through June 30, 2019, or if the child would be required to provide your information if they were completing a FAFSA for 2018-2019. Include children who meet either of these standards, even if they do not live with you.
- 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 through June 30, 2019.

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, 2018, and June 30, 2019. *If more space is needed, attach a separate page with your name and Social Security Number at the top.*

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Missy Jones (example)	18	Sister	Central University	Yes
		Self		

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_

C. Certification and Signatures

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

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

*You should make a copy of this worksheet for your records.*