

# 2023-2024 V- INDEPENDENT VERIFICATION WORKSHEET

Student Name: \_\_\_\_\_ NSHE ID: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

## SECTION 1: DEMOGRAPHIC AND MARITAL STATUS

Based on the answers you provided on the FAFSA Application, you were determined to be an independent student. Answer the questions below about your demographic and marital status.

As of the day you submitted your FAFSA, what was your marital status?	
<input type="checkbox"/>	Married - <u>Must</u> provide spouse's information below.
<input type="checkbox"/>	Married, but separated and not living together with their spouse Date of Separation (MM/YY): _____ <u>Do not</u> provide spouse's information below. Selecting this option may require additional supportive documentation.
<input type="checkbox"/>	Divorced - <u>Do not</u> provide spouse's information below. Selecting this option may require additional supportive documentation. Date Divorce Finalized (MM/YYYY): _____
<input type="checkbox"/>	Single/Never Married - <u>Do not</u> provide spouse's information below.
<input type="checkbox"/>	Widowed - <u>Do not</u> provide spouse's information below. Selecting this option may require additional supportive documentation. Date of Spouse's Death (MM/YY): _____

If the option you selected above indicates your spouse's information is required, enter the requested information below.

Spouse, Full Name:		Age:	

Are there any additional children or other dependents\* (other than yourself, or your spouse) in your household that will receive more than 50% their financial support from you between July 1, 2023 and June 30, 2024?

\*(Other Dependents not your children must actively live in the household) \*If YES, complete the remainder of the section below.

1. Full Name:	2. Full Name:	3. Full Name:
Age:	Age:	Age:
Relation to Student:	Relation to Student:	Relation to Student:
Is this person enrolled in college? YES      NO	Is this person enrolled in college? YES      NO	Is this person enrolled in college? YES
If enrolled, are they at least half-time? YES      NO	If enrolled, are they at least half-time? YES      NO	
College:	College:	
FAFSA School Code:	FAFSA School Code:	

Student Name:

NSHE ID:

SECTION 2: HOUSEHOLD SIZE (CONT.)

4. Full Name:

5. Full Name:

6. Full Name:

Age:

Age:

Age:

Relation to Student:

Relation to Student:

Relation to Student:

Is this person enrolled in college?

Is this person enrolled in college?

Is this person enrolled in college?

YES

NO

YES

NO

YES

NO

If enrolled, are they at least half-time?

If enrolled, are they at least half-time?

If enrolled, are they at least half-time?

YES

NO

YES

NO

YES

NO

College:

College:

College:

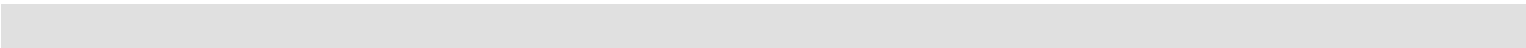
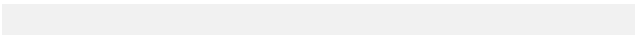
FAFSA School Code:

FAFSA School Code:

FAFSA School Code:

SECTION 3: STUDENT STATUS AND DOCUMENTATION REQUIRED

STUDENT, select one option below that college?



Student Name:  
NSHE ID:

SECTION 5: SPOUSE TAX STATUS AND DOCUMENTS REQUIRED

SPOUSE,



Student Name:

NSHE ID:

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