



2019-2020 V-4 Independent Verification Worksheet

Your 2019-2020 Free Application for Federal Student Aid (FAFSA) was selected for a process called “verification.” In this process, we will compare the information from your application to the information on the form and other documentation that is submitted. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you submitted on your FAFSA. If there are differences, we will make the required corrections. If we have any questions regarding the information you submitted to our office and on the FAFSA, we may ask for additional information.

You must complete this form in INK and submit it along with any other required documents to the ICC Financial Assistance Office.

A Student Information:

Student Name (please print)	ICC Student ID #
Student Address	Date of Birth
City	State
	Zip
Phone Number (include area code)	

B. Independent Student’s Household Information: List the people that you (and your spouse if you are married) will support between July 1, 2019 and June 30, 2020.

YOURSELF AND, IF MARRIED, YOUR SPOUSE (Do not include spouse if you are divorced, separated, or widowed).

Name	Age	Relationship		Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>	<i>Illinois Central College</i>	

YOUR CHILDREN, if you will provide more than half of their support from July 1, 2019 through June 30, 2020. If more space is needed, attach a separate page, make sure your name and ID is at the top.

Name	Age	Relationship		Will be Enrolled at Least Half Time (Yes or No)

OTHER PEOPLE ONLY if they now live with you and get more than half of their support from you **AND** will continue to get this support from July 1, 2019 through June 30, 2020. If more space is needed, attach a separate page, make sure your name and ID is at the top.

Name	Age	Relationship		Will be Enrolled at Least Half Time (Yes or No)

(over)

C. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

It is the policy of this College that no person, on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, or veteran's status, shall be discriminated against in employment, in educational programs and activities, or in admission. Inquiries and complaints may be addressed to the Compliance Officer, Diversity Department.

Print Student Name

Student ID Number

Student Signature (Required)

Date

Spouse's Signature (Optional)

Date