2013-2014 VERIFICATION FORM FOR FEDERAL STUDENT AID PROGRAMS

Your application for federal aid was selected for review in a process called verification. Please complete this form, including appropriate signatures and submit it to the Office of Student Financial Planning.

Student's Last Name ___________________________ First Name ___________ M.I. ___________ Social Security Number ___________________________

Address ___________________________________________________________ City, State, Zip ___________________________

**Dependent students** - List the following people in your parent(s)’ household
- yourself
- your parent(s)
- your parent(s) dependent children (if parents will provide more than ½ their support between July 1, 2013 and June 30, 2014)
- others who now live with your parents for whom they provide more than ½ support and will continue to support between July 1, 2013 and June 30, 2014.

**Independent students** (You did not have to provide parent information on the 2013-2014 FAFSA) List following people in your household:
- yourself
- your spouse, if married
- your children (if you will provide more than ½ their support between July 1, 2013 and June 30, 2014)
- others who now live with you for whom you provide more than ½ support and will continue to support between July 1, 2013 and June 30, 2014

**Write the names of all household members including yourself.** Attach a separate page if you require more space for household members. If you have household members who will be attending college at least half-time between July 1, 2013 and June 30, 2014, and will be enrolled in a degree, diploma, or certificate program, please list the complete name of their college.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
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<tbody>
<tr>
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<td>Self</td>
<td>Union University</td>
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By signing this form we certify that all the information reported to qualify for federal student aid is complete and correct. (Student is required to sign. At least one parent or student’s spouse must sign if their information was given.)

______________________________________________________            __________________________________________________
Student Signature ___________________________ Date ___________ Parent/Spouse Signature ___________________________ Date ___________

Office of Student Financial Planning
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