Valparaiso University

2014-2015
Household Verification Worksheet
Office of Financial Aid

Student's name _____ Valpo ID # _____

Independent Student—Household Information
(For students who are Independent according to Step Three of the FAFSA)

❒ I am Single.
❒ I am Married/Remarried
Spouse's name_____ Date of marriage _____(if applicable)
❒ I am Separated.
❒ I am Divorced/Widowed
Is your spouse enrolled in college at least half-time? ❒ Yes ❒ No

Complete the information below for your children or other persons who will be living with you between July 1, 2014 and June 30, 2015 if you will be providing more than 50% of their support during that time. Children who are away at school should be included. (Do not include children for whom you or your partner are paying child support.)

			If enrolled at least half-time in college for 2014-2015	
Full Name—relationship to you	Birth Date (month/year)	High School graduation year	College Name	Undergraduate degree-seeking (Y/N)

Student Signature:_____ Date:_____

Section A: Parent Information for Dependent Student

Same-sex couples must report their marital status as married if they were legally married in a state or other jurisdiction that permits same-sex marriage, without regard to where the couple resides.

Marital status:
❒ Never Married (Single).
❒ Parents are Married; answer questions below for both.
❒ Parents are Remarried; answer question below for both your custodial parent and step-parent.
❒ Parents are legally Separated. Custodial parent* is not remarried; please answer question below for your custodial parent only.
❒ Parents are Divorced and Custodial parent* is not remarried; please answer question below for your custodial parent only.
❒ Parent is Widowed and not Remarried.

*The custodial parent is the parent you have lived with the most during the 12 months prior to filing the FAFSA. If you lived equally with both parents, then the parent who provided more financial support should be listed as Parent 1.

Parent 1 / Step-Parent information
Full name _____ Date of Birth _____
E-mail _____ SSN _____
Day time or cell phone number _____ (SSN needed if omitted from the FAFSA)
❒Check if this parent is enrolled in school. This cannot be reflected on the FAFSA, but can be considered as a Special Circumstance. Please contact the Office of Financial Aid for the appropriate form.

Parent 2 / Step-Parent information
Full name _____ Date of Birth _____
E-mail _____ SSN _____
Day time or cell phone number _____ (SSN needed if omitted from the FAFSA)
❒Check if this parent is enrolled in school. This cannot be reflected on the FAFSA, but can be considered as a Special Circumstance. Please contact the Office of Financial Aid for the appropriate form.

Section B: Household Information

Complete the information below for your siblings or all other persons who will be living with your parents between July 1, 2014 and June 30, 2015 if your parents will be providing more than 50% of their support during that time. Be sure to also include those who are dependents of your parents and living away at school. (Do not include children for whom your parent or step-parent is paying child support.)

(You do not need to list yourself or your parents)			If enrolled at least half-time in college for 2014-2015, please list **College Name**.	Undergraduate degree-seeking (Yes / No)
Full Name—relationship to student	Birth Date (month/year)	High School graduation year		

Section C: Non-Custodial Parent and Household Information

If your parents are divorced or separated, please complete non-custodial parent information below. If that parent is remarried, please provide step-parent information.

Non-custodial parent

Full name _____ Date of Birth _____

E-mail _____ Day time or cell phone number _____

Non-custodial step-parent information

Full name _____ Date of Birth _____

Please list information for children that live with your non-custodial parent.

❒ Check here if your custodial parent or step-parent pays child support for any of these children.				
Full Name—relationship to student	Birth Date (month/year)	High School graduation year	If enrolled at least half-time in college for 2014-2015, please list College Name	Undergraduate degree-seeking (Y/N)

Section D: Certification and Signatures

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

Student Signature _____ Date _____

Parent Signature _____ Date _____
(required for dependent students)

Please return completed forms to:
Office of Financial Aid
Kretzmann Hall—Valparaiso University
1700 Chapel Drive
Valparaiso IN 46383
Fax: 219-464-5012 Email: finaid@valpo.edu