

Verification Worksheet (Household)  
**2019-2020**



Your 2019-20 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document along with any other required documents. If there are discrepancies, your FAFSA information may need to be corrected. You and your spouse (if applicable) must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact Graduate Financial Aid so that your financial aid will not be delayed.

**Return this form to Graduate Financial Aid via: Fax 203-582-4061 or mail.**

**Section 1 – Student Information**

Student's Last Name	Student's First Name	Student's M.I.	Student's QU ID or Social Security 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

**Section 2 – Household Information** - List below the people in your household which **you are providing MORE THAN ½ of their SUPPORT**. Include:

- You and your spouse, if married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2019, through June 30, 2020, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2020.

For any household member who will be enrolled at least part-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2019 and June 30, 2020 include the name of the college.

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 Part-Time (Yes or No)
		<i>Self</i>		

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

**Certification and Signature**

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

Student's Signature (Required)	Date
Spouse's Signature (Optional)	Date

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