**2025-2026 INDEPENDENT FAMILY SIZE VERIFICATION WORKSHEET IVER**

**A. Independent Student Information**

 \_\_\_\_\_\_\_\_\_ XXX-XX- / /

Student First Name Last Name Social Security Number Date of Birth

**B. Independent Student Household Confirmation**

List ALL the people in your household, only if the items listed below apply along with their relationship to you and their ages. Attach additional pages if necessary. Members of your household should include:

* Yourself and your spouse (if married)
* Your children/spouse’s children (even if they don’t live with you) if:
	+ You will provide more than half of their support from July 1, 2025 through June 30, 2026
	+ They are under 24 years of age and are not married
* Other people if they live with you and you will be providing more than half of their support from July 1, 2025 to June 30, 2026

|  |  |  |
| --- | --- | --- |
| **Full Names (yours and household members)**  | Age | **Relationship** |
|  |  | Me, the student |
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**\*Attach additional pages if necessary**

**C. Signature –no typed or computer-generated signatures can be accepted**

By signing this worksheet, I certify that all the information reported on it is complete and correct to be the best of my knowledge. I understand that if there is a discrepancy between this form and the FAFSA, the Financial Aid office may be required to make corrections to the FAFSA.

**WARNING:** If you purposely provide false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature Date

IMPORTANT NOTE: The verification process can take up to three weeks to complete. Paperwork received within three weeks of the start of the semester may result in late fees due to unpaid tuition. It is in your best interest to submit your paperwork as early as possible.

**Submit this form to: OFFICE OF SCHOLARSHIPS & FINANCIAL AID**

**900 Wood Road, Kenosha, WI 53141**

**Fax: 262-595-2216**