Financial Aid Office
Missoula, MT 59812-2232
Phone: (406) 243-5373
Fax: (406) 243-4930
finaid@umontana.edu

2022-2023
Household Verification Worksheet

Name:_____ UM ID#: 790-_____

UM E-Mail:_____ Phone#:_____

The U.S. Department of Education has selected your application for a process known as "verification". As a result, we are required to confirm the information from your FAFSA with the information provided on this form. Complete all questions and submit the completed form to the Financial Aid Office.

Note: Aid cannot be disbursed until the requested documentation is received and reviewed.

What we need from you:

- This completed worksheet; must be signed by student (and parent, if student is dependent).
- Any other requested documents listed on CyberBear.

Verification of Household Information: (Check applicable option below)

_____ **Dependent Students:** *List below yourself, your parent(s) (including step-parent) and the people in your parent(s) household, including:*

a) **Your parents' other children,** even if they don't live with your parent(s), if (1) your parent(s) will provide more than half of their support from July 1, 2022 through June 30, 2023, or (2) the children would be required to provide parental information when applying for federal student aid;

b) **Other people** if they live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2022 through June 30, 2023.

_____ **Independent Students:** *List below yourself, your spouse (if married) and the people in your household, including:*

a) **Your children,** if you will provide more than half of their support from July 1, 2022 through June 30, 2023, even if they do not live with you;

b) **Other people** if they live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2022 through June 30, 2023.

Note: Write the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2022 and June 30, 2023, and will be enrolled in a degree, diploma, or certificate program.

Full Name of Family Member	**Relationship to you**	**Age**	**Name of College**
1.	Self		University of Montana
2.			
3.			
4.			
5.			
6.			

Signature:

By signing this worksheet you certify that the information reported is complete and correct.

_____ _____

Student Signature Date Parent Signature (if applicable) Date