

2024-2025 Verification Worksheet

Independent

N00

Student ID Number _____

Last Name _____

First Name _____

M.I. _____

Your application was selected for review in a process called "Verification." The Federal Department of Education requires us to ask you to provide this information before offering Federal aid. In this process, Moraine Park Technical College needs to review and determine the correct family size for your application. If there are differences between your application information and submitted documents, Moraine Park may send corrections electronically to have your information reprocessed. You should complete this worksheet as soon as possible so that your financial aid will not be delayed.

MPTC cannot accept this document if any alterations (scratch/cross-out or white-out) are made to it.

A. Family Information

List the people that you will provide more than 50% support for between July 1, 2024 and June 30, 2025. Include the following:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if the following are true:
 - They live with the student (or live apart because of college enrollment);
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
 - They live with the student;
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.

The provided criteria for "dependent children" or "other persons" follows the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S. tax return at the time of completing the 2024-2025 FAFSA. As a result, **the student should not include any unborn children in the family size.**

**You may be asked to provide documentation that you provided half of the support for all names on this form.

Full Name	Age	Relationship
		Self

**List additional dependents on the back of this form.

B. Sign this Worksheet

By signing this worksheet, I certify that all the information reported to qualify for Federal student aid is complete and correct. **Digital or typed signature not accepted.**

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

Student _____

Date _____