

**Student Name:** \_\_\_\_\_

**Roosevelt ID:** \_\_\_\_\_

Your 2018–2019 Free Application for Federal Student Aid (FAFSA) has been selected for federal verification. Federal regulations state that to confirm federal student aid eligibility, we must verify the information reported on the FAFSA. You are required to submit this form. Electronic corrections may be made to your application as a result of the verification process, which may result in changes to your financial aid awards. Student name and RU ID are required on all pages submitted.

**Your eligibility for federal student aid is not finalized until all required documents have been received and reviewed.** Verification review can take 14-21 days after all requirements have been submitted. The forms/requirements needed to verify your FAFSA are posted at RUAccess for your follow-up. You are responsible for the payment of any institutional charges due to Roosevelt University by the published due dates.

**Dependent Student Household Size and Number in College**

List your parent(s)/stepparent household including:

- Yourself.
- Your parent(s)/stepparent) even if you do not live with your parent(s).
- Children your parent(s) will support more than 50% for from July 1, 2018, through June 30, 2019.
- Other people who live with your parent(s)/stepparent, and more than 50% their support will be provided by your parent(s)/stepparent through June 30, 2019.
- Indicate the name of the college for household members who will be enrolled at least half time, in a degree, diploma, or certificate program at an eligible postsecondary education institution any time between July 1, 2018, and June 30, 2019. Do *not* include parent(s) in college.

Full Name	Date of Birth	Relationship	College	Attending at Least Half Time
		<i>Student</i>	<i>Roosevelt University</i>	

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to verify the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and, I may be reported to the Office of the Inspector General and/or subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

PHYSICAL SIGNATURE – DO NOT TYPE

**Student Signature**
**Date**

PHYSICAL SIGNATURE – DO NOT TYPE

**Parent Signature (DEPENDENT ONLY)**
**Date**

Submit this worksheet in person to FAS-1M16/Wabash Bldg, or by email to [fas@roosevelt.edu](mailto:fas@roosevelt.edu), or by fax to **(312) 341-3545**

**RRAAREQ: HHOLDP**