

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.

Independent Student Household Size and Number in College:

Independent Student (and spouse, if married)

List below the people in your household including:

- Yourself.
- Your spouse, if you are married.
- Your children you will provide more than 50% of their support for from July 1, 2018, through June 30, 2019, even if they do not live with you. Additional information/documentation may be required for children over age 24.
- Other people who live with you and more than 50% of their support will be provided by you and/or your spouse through June 30, 2018. Additional information/documentation may be required for people over age 24.

Indicate the name and the name of the college for any household member 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.

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

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