2024-2025 Verification Worksheets Dependent Student-Tracking Group V5

Your 2024–2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to our office.

A. Dependent Student's Information

Student's Last Name	Student's First Name	MI	Cooper Union Student ID Number	
Student's Street Address (include apt. no.)			Student's Date of Birth	
City	State	Zip	Student's Email Address	
Student's Phone Number		Student's Alterr	nate or Cell Phone Number	

B. Verification of Family Size for Dependent Students

Family Size - Includes the following:

- Yourself.
- Your parents, even if you are not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce.
- Your siblings if the following are true:
 - They live with the student's parents (or live apart because of college enrollment),
 - They receive more than half of their support from the student's parents from July 1, 2024, through June 30, 2025, and
 - They will continue to receive more than half their support from the student's parents during the award year.
- Other people if the following are true:
 - They live with the student's parents,
 - They receive more than half of their support from the student's parents from July 1, 2024, through June 30, 2025, and
 - They will continue to receive more than half of their support from the student's parents during the award year.

If more space is needed, provide a separate page with the student's name and ID number at the top

Full Name	Age	Relationship	
		Self	

C. Identity and Statement of Educational Purpose

Section C is <u>ONLY</u> to be completed and signed in front of a Notary.

Statement of Educational Purpose

I certify that Iam the individual signing this Statement of Educational Purpose and that the Printed Student's Name								
Federal student financial assistance	I may receive will only be	used for educational purpose	s and to pay the cost of attending					
			for 2024-2025.					
(Name of Postsecondary Educational I	nstitution)							
Student's Signature	Date	Student's ID Number						
Notary's Certificate of Knowledge								
State of	City/County of	on	before me,					
				(Notary's Name)				
Personally appeared,(Printed	1	and proved to me on the ba	sis of satisfactory evidence of					
(Printed	i name of signer)							
Identification		to be the above-n	amed person who signed the foregoi	na instrument.				
(Type of unexpired go	vernment-issued photo ID	provided)	amed person who signed the foregoi	5				
· · · · · · · · · · · · · · · · · · ·								
Witness my hand and official seal _	(Notary Signature	e)	(Date Commission Expires)					
	、 · · · ·		, I <i>,</i>					

(Seal)

D. Certification and Signatures

Each person signing this worksheet certifies that all the information reported on it is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

The student and one parent that signed the FAFSA must sign and date below.

Student's Signature

Date

Parent's Signature

Date

Do not mail this worksheet to the U.S. Department of Education. You should make a copy of this worksheet for your records.