2021-2022 Verification Worksheet for Dependent Students

Student Name:					
Student ID Number (if known): _					
Household Information List the people in your household, inclu vourself and your custodial parents your custodial parents' other child (a) your parents will provide more (b) the children would be required other people, if they now live with your parents will continue to provi Write the name, age, and relationship ouniversity, or program for any family muly 1, 2021 and June 30, 2022, and will	(s) (including ren, even if the than half of the than half of the	they don't live with your their support from Just parental information with all parents and your pan half of their support mold members below. In the parent[s]	ur parent(s), if uly 1, 2021 through June 30, 20 when applying for federal stud varents provide more than half through June 30, 2022. f applicable, write the name or b, who will be attending at leas	ent aid, and of their support and fithe college, thalf-time between	
you need more space.					
Full Name	Age	Relationship	College	Will be Enrolled at Least Half-Time (Yes or No)	
Example: Martha Jones	20	Sister	University of Missouri	Yes	
		Self			
		Parent 1	Not Applic	Not Applicable	
		Parent 2	Not Applicable		
Signatures (Required) By signing below, we certify that all of tand at least one parent must sign.	he informa	tion reported on this w	vorksheet is complete and accu	urate. The student	
Student's Signature		Date			
Parent's Signature		Date			

Please submit this form and supporting documents by uploading to your Net Partner Portal, available here: https://financialaid.wustl.edu/financial-aid-portal/