



LOYOLA UNIVERSITY MARYLAND

— 1852 —

2019-2020 Dependent Verification Worksheet

Your 2019-2020 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 reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact the Student Accounts Office as soon as possible so that your financial aid will not be delayed.

Student's Information

Student's Last Name First Name M.I.

Student's Social Security Number

Student's Street Address (include apt. no.)

Student's Date of Birth

City State Zip Code

Student's Email Address

Student's Home Phone Number (include area code)

Student's Alternate or Cell Phone number

Number of Household Members and Number in College

List below the people in the student's household. Include:

- The student.
Your parent(s) (including step-parent).
Your parents' other children (even if they don't live with your parent(s)) if either of the following is applicable:
* Your parents will provide more than half of their support from July 1, 2019, through June 30, 2020
* The children would be required to provide parental information when applying for Federal student aid
Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

Number in College: Include below information about any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2019, and June 30, 2020, include the name of the college.

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

Table with 5 columns: Full Name, Age, Relationship, College, Will be Enrolled at Least Half Time (Yes or No). Includes a row for 'Self' at 'Loyola University Maryland'.



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Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

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

Print Student's Name

Student's SSN

Student's Signature

Date

Submit this worksheet and all documentation to:

Loyola University Maryland * Office of Financial Aid
4501 N. Charles Street * Baltimore, MD 21210
Fax: (410) 617-5149 * Phone (410) 617-2576
Email: financialaid@loyola.edu