

2016-2017 VERIFICATION WORKSHEET INDEPENDENT STUDENT

Your Free Application for Federal Student Aid (FAFSA®) has been selected for the federal verification process. You are required to complete and submit this form to Student Services. Student Services will compare information from your FAFSA with the information on this form and other documentation that you may be required to submit. Student Services may make electronic corrections to your application as a result of the verification process, which may result in changes to your financial aid awards.

A. Student Information

Student Name

Student ID (D#)

B. Family Household Information

Please list the people in your household, including:

- Yourself
- Your spouse (if you are married)
- Your children (if any), if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the children would be required to provide your information if they were completing a FAFSA for 2016/2017. Include children who meet either of these standards, even if they do not live with you.
- Other people, if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

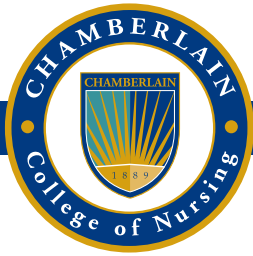
Include the name of the college for any household member who will be enrolled at least half-time in a degree, diploma, or certificate program at a post-secondary educational institution any time between July 1, 2016, and June 30, 2017. If additional space is needed, attach a separate page with the student's name, D# and the requested information.

Full Name	Age	Relationship to Student	Attending College Y/N	College/University
		Self		Chamberlain College of Nursing

C. Supplemental Nutrition Assistance Program Benefits Received

Check the appropriate box below to indicate if any of the members of your household listed above received Supplemental Nutrition Assistance Program (SNAP) benefits during the 2014 and/or 2015 calendar years.

- At least one of the members of my household received Supplemental Nutrition Assistance Program (SNAP) benefits during 2014 and/or 2015.
- No members of my household received Supplemental Nutrition Assistance Program (SNAP) benefits during 2014 and/or 2015.



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D. Child Support Paid

Check the appropriate box below to indicate if either you or your spouse (if married) listed in Section B paid child support during the 2015 calendar year for any child(ren) not listed in the household in Section B:

Neither I nor my spouse paid child support during 2015.

Either I or my spouse did pay child support during 2015.

If either you or your spouse paid child support during the 2015 calendar year, provide:

- The name(s) of the individual(s) who paid the child support
- The name(s) of the individual(s) to whom the child support was paid
- The age(s) of the child(ren) for whom support was paid
- The name(s) of the child(ren) for whom the child support was paid
- The total annual amount of the child support that was paid in 2015 for each child

If additional space is needed, attach a separate page with the student's name, the student's D# and the requested information.

Individual Who Paid Child Support	Child for Whom Support Was Paid	Age of Child for Whom Support was Paid	Individual to Whom Child Support Was Paid	Amount of Child Support Paid in 2015

E. Tax Filing Status

Check the appropriate box below to indicate your and your spouse's (if married) 2015 tax year filing status:

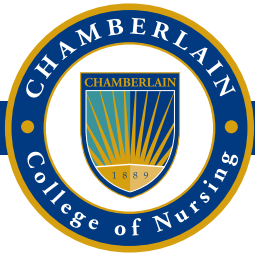
Both I and my spouse are required to file a 2015 federal tax return.

Either I or my spouse did not file and am/is not required to file a 2015 federal tax return.

If you or your spouse (if married) did not file and are/is not required to file a 2015 federal tax return, in the table below, list any income received in 2015 as well as the name of the employer or source of income for each individual that is not required to file a 2015 federal tax return. If you or your spouse did not receive any income in 2015, please list the name of the individual under "Name of Income Earner" and "0" under "Total Amount Earned in 2015" on the appropriate line(s). A copy of the appropriate IRS form documenting the amount of income listed below for each source, such as a W-2 or 1099, must be provided to Student Services along with this form. Each individual who did not file and is not required to file a 2015 federal tax return must provide his/her signature in Section F below. If additional space is needed, attach a separate page with the student's name, D# and the requested information.

Name of Income Earner	Employer(s)/Source(s) of Income	Total Amount Earned in 2015	IRS Form Available (Yes/No)

If the appropriate IRS forms documenting the income received from any of the employers/sources listed above cannot be provided, provide an explanation below as to why this documentation cannot be provided. If additional space is needed, attach a separate page with the student's name, D# and the requested information.



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F. Certification Statement

Please read the certification statement below and provide the required student signature. If the student's spouse listed in Section B did not file and is not required to file a 2015 federal tax return as listed in Section E, a signature from the student's spouse is also required.

I/We hereby certify that all information provided on this verification form is true and correct to the best of my/our knowledge. I/We understand this information will be used to verify the data submitted on the Free Application for Federal Student Aid (FAFSA). I/We realize the eligibility for financial aid for the student indicated above is not finalized until all requested documents have been received and reviewed by Student Services.

Student Signature

Date

Spouse Signature

Date