

IV4 Custom 2022-23 Verification Worksheet for Independent Students

Your 2022–2023 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 and a parent whose information was reported on the FAFSA 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 us as soon as possible so that your financial aid will not be delayed.

Submit this form to: Tulane University Financial Aid, Gibson Hall, Suite #130, 6823 St. Charles Avenue, New Orleans, LA 70118

Or

Upload this form to: https://finaidforms.tulane.edu/Home/Account/Login

A. Independent Student's Information (please print)

Student's Last Name	Student's First Name	Student's M.I.	Last 4 Digits of 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 or Cell P	hone Number (include area co	Student's Tulane ID Number (if known)		

Financial Aid

Student's Name:	Last 4	Digits of Student's SSN:	Page 2 of 3
B. Identity and Statement of Educational Purp	ose (To Be Signed at the		
The student must appear in person at Tulane Un issued photo identification (ID), such as, but not I a copy of the student's photo ID that is annotated the institution authorized to collect the student's I following English or Spanish Statement:	imited to, a driver's license I by the institution with the	e, other state-issued ID, or passport. The date it was received and reviewed and	ng a valid government- he institution will maintair the name of the official a
Statement of Educational Purpose: I certify th	at I	am the indivi	dual signing this
Statement of Educational Purpose and that the purposes and to pay the cost of attending Tulan		ssistance I may receive will only be use	ed for educational
(Student's Signature)	(Date)	(Student's ID Number)	_
Declaración de Propósito Educativo: Certifico	o que yo, [Imprimir Nombre de		sta
Declaración de Finalidad Educativa y que la ayu utilizada para fines educativos y para pagar el c	uda financiera federal estu	diantil que yo pueda recibir, sólo será	
[Firma del Estudiante]	[la Fecha]	Número de Identificación del Est	udiante]
notary statement below, such as, but not limited to a drive Educational Purpose (in English or Spanish) provided below Statement of Educational Purpose: I certify that I (Print Si Statement of Educational Purpose and that the Federal st pay the cost of attending Tulane University for 2022-2023	ow. udent's Name) udent financial assistance	am the individual sign	ing this
(Student's Signature)	(Date)	(Student's ID Number)	
Declaración de Propósito Educativo: Certifico que yo,	[Imprimir Nombre del Es	_, soy el individuo que firma esta	
Declaración de Finalidad Educativa y que la ayuda financ para pagar el costo de asistir a Tulane University para 20.	iera federal estudiantil que		ara fines educativos y
[Firma del Estudiante]	[la Fecha]	[Número de Identificación del Est	udiante]
Sample of a Notary's Certificate of Acknowledgement State of			
City/County of			
On, before me,			
(Date)	(Notary's name)		
personally appeared,	, and prov	ved to me	
(Printed name of signer)			
on basis of satisfactory evidence of identification			
(Type of	government-issued photo I	ID provided)	
to be the above-named person who signed the foregoing	instrument. WITNESS my	hand and official seal	
			(seal)
(Notary signature)			
My commission expires on	_(Date)		

C. Other Information to Be Verified If Applicable

1. Complete this question if someone in the student's parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2019 or 2020 calendar years. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

_____, one of the persons listed in Section B of this worksheet, received SNAP I the student certify that benefits in 2019 or 2020. If asked by the student's school, we will provide documentation of the receipt of SNAP benefits during 2019 and/or 2020.

2. Complete this guestion if the student or spouse, who is a member of the student's household, paid child support in 2020.

The student or spouse, who is a member of the student's household, paid child support in 2020. List below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2020 for each child. If asked by the school, we will provide documentation of the payment of child support, such as a copy of the separation agreement or divorce decree showing the amount of child support to be provided, a signed statement from the individual receiving the child support certifying the amount of child support received, or copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made. If you need more space, attach a separate page that includes the student's name and last four digits of their Social Security Number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2020

D. Certifications and Signatures

Each person signing this worksheet certifies that all of the information reported on this worksheet is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

You should make a copy of this worksheet for your records.

Print Student's Name

Student's Signature

Final four digits of Student's Social Security Number

ver. 01/31/22

Date

Date

Spouse's Signature (Optional)

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