

Attention: You have been selected for Verification for the V-3 Group

2015 - 16 Customized Verification Worksheet V-3

Please Print Clearly. Complete and Return by: **within 10 days from the date of this notice.**

The law states that before awarding Federal Student Aid, we must confirm the information you and your parents (If Dependent-See Appendix 1) or spouse (If Independent-See Appendix 1) reported on your FAFSA according to federally selected Tracking Groups. **Please complete Sections A, C and Section V-3 of this Worksheet.** To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents specified in Section V-3. If there are differences, we will need to correct your FAFSA for those items, which may change your Expected Family Contribution (EFC) # generated from your FAFSA. . **You and at least one parent (if you are a dependent* student)-See Appendix 2, must complete and sign this worksheet, attach any required Section V-3 documents, and submit the form and other required documents to DCAD Financial Aid Office.** FAO may ask for additional information. If you have questions about verification, contact FAO, as soon as possible, at 302-622-8867, ext. 105 or 122, so that your financial aid will not be delayed.

Section A. Student Information

First Name	Last Name	Dependency Status: (See Appendix 1)	Date: ____/____/____ MO DAY YR
Mailing Address	City State Zip	Student's Date of Birth ____/____/____ MO DAY YR	SS# XXX-XX-_____ (Last 4 Digits Only)
Home Phone	Cell Phone	Email	

**2015-16 V-3 Verification Worksheet
Section C. Certifications & Signatures**

Warning- Purposely giving false or misleading information on this Verification Worksheet is a Federal Offense for which you may be fined, sentenced to jail, or both.

Each person signing this Verification Worksheet certifies that all information reported on this form is complete and correct.

Note: If Dependent*, Student and one Parent must sign and date below.

If Independent**, Student must sign and date this Verification Worksheet.

Student's Signature

Date

Parent's Signature (if Student is Dependent)

Date

Please return your completed and signed 2015-16 V-3 Verification Worksheet and required documents as specified in your Verification Section Group V-3: via Fax: 302-792-7101 or via Email: financialaid@dcad.edu

Or Mail to:

ATTN: DCAD Financial Aid Office

Delaware College of Art and Design, 600 N. Market Street, Wilmington, DE 19801

Thank You!

Section V-3 Verification Group	FAFSA Information to be verified	Documents you must provide with this Verification Worksheet
Child Support Paid Verification Group <i>Don't forget to complete Section A ,B & C of this Verification Worksheet</i>	V-3: Child Support Paid by student (or spouse), student's parent, or both. (If reported on 2015-16 FAFSA)	V-3: Attach Child Support Payer Statement V-1.j Form

Appendix 1

Definitions: Dependency Status

Dependent Student: A student younger than 24 years of age; unmarried; no children; not a ward of the court; not homeless; or not a veteran; dependent on support from parent(s) or guardian.

Independent Student: Student who meets any one of the criteria as defined birth federal government for independent status: older than 24 years of age; veteran; has legal dependents; married; court ordered ward of court; or documented homeless.

Verification - Child Support Payer's Statement Form V-1.j

Payer of Child Support: _____

First Name

Last Name

Home Phone () _____ - _____ **Cell** () _____ - _____

Email: _____ @ _____

I listed child support paid on the 2015-16 Free Application for Federal Student Aid (FAFSA), because I paid child support in 2014 as follows:

Paid 2014 Child Support to	Paid 2014 Child Support For List child or children below:	Amount paid each month in 2014 for each child as follows:

I confirm that I paid the child support listed above in 2014.

Child Support Payer Signature

_____/_____/_____
Date