



2009-10 Independent Status Verification

STUDENT FINANCIAL ASSISTANCE

Tempe campus

PO Box 870412
Tempe, AZ 85287-0412

Student Services Building,
Second Floor

Phone (480) 965-3355
Fax (480) 965-9484

financialaid@asu.edu

Downtown Phoenix campus

411 N. Central Ave., Suite 166
Phoenix, AZ 85004-2120

University Center Building,
Suite 166

Phone (602) 496-3462
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Polytechnic campus

7107 E. Tiburon, #3
Mesa, AZ 85212-0180

Student Affairs Complex, Quad 3

Phone (480) 727-1041
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West campus

PO Box 37100
Phoenix, AZ 85069-7100

University Center Building,
Room 120

Phone (602) 543-8178
Fax (602) 543-8108

financialaid.west@asu.edu

SECTION A: STUDENT INFORMATION (PLEASE PRINT)

FULL NAME (LAST, FIRST MI.)	10-DIGIT ASU ID	9-DIGIT CAMPUS ID
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SECTION B: REQUIRED ACTIONS

You indicated on your FAFSA that you either:

- Have children who will receive more than half of their support from you between July 1, 2009 and June 30, 2010.
- Have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2010.

YOU MUST CHECK AND COMPLETE ONE OF THE FOLLOWING ACTIONS	
<input type="checkbox"/>	I have attached a copy of my 2008 Federal 1040 listing my dependent(s) and completed Section C below.
<input type="checkbox"/>	I have attached a copy of my lease agreement showing my dependent(s) as co-tenants(s) and completed Section C below.
<input type="checkbox"/>	I have attached a copy of my insurance policy listing my dependent(s) (not AHCCCS) and completed Section C below.
<input type="checkbox"/>	I have attached copies of other forms of evidence proving that my dependent(s) lives with me and that I provide more than half of their support and completed Section C below.
<input type="checkbox"/>	I have made corrections to Step Three of my FAFSA and have included my parent's information.

SECTION C: DEPENDENT INFORMATION (PLEASE PRINT)

List your dependents that will receive more than half of their support from you between July 1, 2009 and June 30, 2010.

FULL NAME OF DEPENDENT	AGE	YOUR RELATIONSHIP TO DEPENDENT	NUMBER OF MONTHS LIVING IN YOUR HOME*
1.			
2.			
3.			
4.			

*Between July 1, 2009 and June 30, 2010.

Monthly Support and Income (July 1, 2009 – June 30, 2010)

	STUDENT	DEPENDENT
1. Estimated amount of monthly support provided to dependent.	\$	
2. Income earned from work.	\$	\$
3. Unemployment benefits received.	\$	\$
4. TANF/welfare benefits received.	\$	\$
5. Child support received.	\$	\$
6. Social Security benefits received.	\$	\$
7. Food stamps received.	\$	\$
8. Financial aid received.	\$	\$
9. Other income (please specify):	\$	\$

SECTION D: CERTIFICATION STATEMENT & SIGNATURES

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

STUDENT SIGNATURE	DATE
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