UNIVERSIT	Financial Assistance	Independent Verification Form	
	Submit securely online: ksu.edu/sfa/upload	Deliver in person: 119 Anderson Hall 919 Mid-Campus Drive North Manhattan, Kansas 66506-0107	
Student's Name (Last, First, MI)		Wildcat Identification Number	
Student's K-State Email Address		Student's Phone Number	
documentation required for verifi	ication can vary depending on each st	eral Student Aid (FAFSA) is accurate. The cudent's unique application. Students are encouraged specific information on what must be submitted.	
Family Information			
Please list all members of your far	mily, including:		
 Yourself. 			

- Your spouse, **if** you are married.
- Your children, if you provide more than half of their support* from July 1, 2024 through June 30, 2025.
 - Do not include children for whom you are paying child support.
 - Do not include foster children.
 - Do not include roommates or fiancés.
- Other people, if they now live with you, you provide more than half of their support* and the support will continue from July 1, 2024 through June 30, 2025.

* Support is defined as providing food, housing, medical/dental care or health insurance, car insurance, money or other financial resources.

Full Name of Family Member Begin with yourself	Date of Birth Ex. 11/17/2005	Relationship to Student Self, spouse, son, daughter, step-son, step-daughter
		Self

Certification Statement By signing this verification form, I certify that all of	the information reported is complete and accurate.
Signature of Student (required)	Date