## Office of Scholarships and Financial Aid

## 2025 - 2026 INDEPENDENT VERIFICATION FORM



1600 South College Street, Mountain Home, AR 72653 • Phone: 870-508-6100 • Fax 870-508-6286

You have been selected for a process called verification. Being selected for verification can happen when a FAFSA is filed or changed in any way. The Office of Scholarships and Financial Aid must verify information provided by comparing the FAFSA data submitted by the student with the information on this worksheet and other required documents. If there are differences, the FAFSA data may need to be corrected. The school may ask for additional information. For more information regarding this process, please contact the Office of Scholarships and Financial Aid at 870-508-6100.

## Who to include:

- Student's spouse if the student is married.
- Children of the student and/or spouse if the student or spouse will provide more than half of the children's support from July 1, 2025, through June 30, 2026.
- Children not born before the date this form is completed should NOT be included.
- If the student or spouse provides more than half of another person's support, they now live with the student, and will continue to provide more than half of that person's support through June 30, 2026.

Student's Last Name	Student's First Name	Middle Initial	Age	Date of Birth	Banner ID Number
<u>List o</u>	ther household members: Do not incl	ude boyfriends, gi	rlfriend	s, or fiancé's	
Family Members Last Name	Family Members First Name	Middle Initial	Age	Date of Birth	Relationship to Student

X	
Student Signature	Date