

## Independent Verification Worksheet 2024-2025

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding you federal student aid, we may ask you and your parents to confirm the information you reported on your FAFSA. If there are differences, your FAFSA information may need to be corrected. You and any parent whose information was reported on the FAFSA must complete and sign this worksheet, attach any required documents and submit them to us. We may ask for additional information. If you have any questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

|                            |            |                |                                  |
|----------------------------|------------|----------------|----------------------------------|
| Last Name                  | First Name | Middle Initial | Net ID                           |
| Address (include apt. no.) |            | Date of Birth  |                                  |
| City                       | State      | Zip Code       | Phone Number (include area code) |

### Section I: Housing Information

List the people in student's household. Include the following:

- Yourself
- Your spouse, if you are married
- Your dependent children, if they will receive more than half of their support from you from July 1, 2024 through June 30, 2025. Do not include children you pay child support for if they do not reside with you more than 50% of the year
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2025

| First | Full Name<br>Last | Age | Relationship to you (self, parent, brother, sister, ect) |
|-------|-------------------|-----|--|
|       |                   |     | <b>Self</b>  |
|       |                   |     |  |
|       |                   |     |  |
|       |                   |     |  |
|       |                   |     |  |
|       |                   |     |  |
|       |                   |     |  |

*Note: We may require additional documentation if we have reason to believe that the information regarding the household member enrolled in eligible postsecondary education institutions is inaccurate. If there are more than seven people in your household, please attach a separate piece of paper with the above information for each additional person.*

**PLEASE RETURN ALL FORMS AND DOCUMENTATION IN PERSON, BY MAIL, PAWS, OR FAX TO:**

Colorado State University Pueblo  
 Student Financial Services  
 2200 Bonforte Blvd.  
 Pueblo, CO 81001

**Phone:** (719) 549-2753  
**Fax:** (719) 549-2088  
**Email Documents (PDF Only) to:**

[financialaid@csupueblo.edu](mailto:financialaid@csupueblo.edu)



**Section IV: Identity and Statement of Educational Purpose**

The student must appear in person at **Colorado State University Pueblo, Student Financial Services** to verify his/ her/their

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided

If the student is **unable** to appear in person at **Colorado State University Pueblo, Student Financial Services** to verify

- (a) The original Statement of Educational Purpose provided below, which must be notarized.
- (b) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
*(Print Student's Name)*

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CSUP Staff Signature

\_\_\_\_\_  
Date

**Notary Portion:**

State of \_\_\_\_\_ City/County of \_\_\_\_\_.

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
*(Date)* *(Notary's Name)* *(Printed name of signer)*

and provided to me on the basis of satisfactory evidence of identification \_\_\_\_\_ to be the above-  
*(Type of Government-issue photo ID)*

named person who signed the foregoing instrument. WITNESS my hand and official seal

My commission expires on \_\_\_\_\_

\_\_\_\_\_  
*(Notary Signature)*

**THIS FORM CANNOT BE FAXED OR EMAILED.** Federal Regulations require the original document to be mailed to:  
Colorado State University Pueblo  
Student Financial Services  
2200 Bonforte Blvd  
Pueblo, CO 81001