

# 2026-2027 INDEPENDENT HOUSEHOLD VERIFICATION WORKSHEET

Office of Scholarships & Financial Aid  
601 S. MLK Jr. Drive  
201 Thompson Center  
Winston Salem, NC 27110  
Phone: 336-750-3296  
financial.aid@wssu.edu  
Federal School Code: 002986



Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

According to federal requirements, we must verify the number of people in your household.  
Please complete and return this form. Your Financial Aid will not be process until the receipt of this form.

**Household Information: List the people in your household below (whether or not they will be attending). college).**

You

Your Spouse, if married

Your children, if any you will provide more than half of their support from July 1, 2026, through June 30, 2027, of if the child would be required to provide your information if they were completing a FAFSA for 2026-2027. Include children who meet these standards, even if they do not live with you. 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

Full Name	Age	Relationship	College (see Below)
		Self	Winston Salem State University

**By signing this statement, I certify under penalty of perjury that the information I have reported on this form is complete and accurate. I understand that purposely giving false or misleading information to qualify for federal student aid is a federal offense that can result in fines and/or incarceration.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*Sign in Ink

Spouse's Signature (If married): \_\_\_\_\_ Date: \_\_\_\_\_

Student's ID : \_\_\_\_\_