

## 2025-2026 Verification Worksheet for Independent Students

Student Name:				
Student ID Number:				
Household Information List the people in your household, in yourself and your spouse if you your (or your spouse's) children than half of their support from y other people, if they now live w and will continue to provide mo Write the name, age, and relationsh college, university, or program for ar 1, 2025 and June 30, 2026, and will separate page if you need more spar	have one, and will the cou, and will ith you and one than hale one than how the country family mand the controlled	ey live apart due to co I continue to do so fro you or your spouse p f of their support fron Isehold members bel ember, who will be at	om July 1, 2025 to June 30, 3 provides more than half of the n July 1, 2025 to June 30, 20 low. If applicable, write the ttending at least half-time b	2026. neir support 026. name of the netween July
Full Name	Age	Relationship	College	Will be Enrolled at Least Half-Time (Yes or No)
Full Name  Example: Martha Jones	Age	Relationship  Sister	College  University of Missouri	Least Half-Time
		·	_	Least Half-Time (Yes or No)
		Sister	_	Least Half-Time (Yes or No)
		Sister	_	Least Half-Time (Yes or No)
		Sister	_	Least Half-Time (Yes or No)
		Sister	_	Least Half-Time (Yes or No)
	20	Sister Self	University of Missouri	Least Half-Time (Yes or No) Yes
Example: Martha Jones  Signature (Required)	20	Sister Self	University of Missouri	Least Half-Time (Yes or No) Yes

Please submit this form and supporting documents by uploading to your Net Partner Portal, available here: https://financialaid.wustl.edu/financial-aid-portal/



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