



# HARVARD EXTENSION SCHOOL

Student Financial Services • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • (617) 410-4072 fax • studentfinance@extension.harvard.edu

## 2021–22 Verification Worksheet: Dependent Student Household

Your 2021–22 Free Application for Federal Student Aid (FAFSA) has been selected by the US Department of Education for review in a process called Verification. We are therefore required to confirm certain information you reported on the FAFSA. We will compare your FAFSA with the information you provide below. If there are differences, we will update your FAFSA accordingly. We may ask for additional information. If you have questions about the Verification process, please don't hesitate to contact our office.

### A. Student Information *(for institutional identification purposes)*

STUDENT LEGAL NAME (exactly as printed on your government-issued photo ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

DCE ID NUMBER (if known)
@ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*See extension.harvard.edu/login if unsure*

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
X X X X - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DATE OF BIRTH example: J   A   N   0   1   1   9   9   4
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*Month (MMM)*

*Day (DD)*

*Year (YYYY)*

### B. Household Information

Please list the people in your household below (whether or not they will attend college).

- Include:**
- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
  - Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2021, through June 30, 2022, or if the other children would be required to provide parental information if they were completing a FAFSA for 2021-2022. Include children who meet either of these standards, even if they do not live with your parent(s).
  - Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2022.

FULL NAME	AGE	RELATIONSHIP	COLLEGE (see below)*
		Self	Harvard Extension School

\* Include the name of the college for any household member, excluding your parent(s), who will be enrolled, *at least half time* in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2021, and June 30, 2022. *If more space is needed, attach a separate page with the student's name and DCE ID number at the top.*

**Note:** We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate

### C. Student/Parent Signatures

By signing this worksheet, we certify that all of the information reported above is complete and correct. At least one parent must sign.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's name (please print) \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please upload any documents securely by logging into your account via MyDCE Portal at <https://web.dce.harvard.edu/mydce-extension>. From the home page, choose "Document Uploader." In the Document Upload Form, select "Financial Aid Documents" in the "Documents" field. Click "Attachments" then the "Upload Files" button/bar to select your file(s) to upload. Click the "Submit" button.**