2025-2026 V4 Independent Student Verification Worksheet

The federal system selected your 2025-26 FAFSA for a process called verification. If your FAFSA is selected for verification, these requirements must be met for us to finalize and disburse any eligible financial aid. If we need to make corrections, to reflect accurate information, your award amounts may change. You, and your spouse, if married, must complete and sign this worksheet, attach any required documents, and submit them to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible, so that your financial aid will not be delayed.

A. STUDENT'S PERSONAL INFORMATION

_____   _____
Student's Last Name   Student's First Name   Student's M.I.   Student CUH ID Number

_____   _____
Student's Street Address (include apt. #)   Student's Date of Birth

_____   _____
City   State   Zip Code   Student's Email Address

_____   _____
Student's Home Phone Number (include Area Code)   Student's Alternative or Cell Phone Number

B. Identity and Statement of Educational Purpose

Please complete the separate worksheet titled 'Identity and Statement of Educational Purpose'. This worksheet must be completed *either* in-person with the Chaminade Financial Aid Office **or** with a notary. If notarized, you must mail or drop-off the <u>original</u> notarized documentation.

Please mail notarized documents to:

Chaminade University of Honolulu
ATTN: Financial Aid Office
3140 Waialae Ave
Honolulu, HI 96816

If you have difficulty accessing or cannot find this worksheet, please contact our office at 808-735-4780 or email finaid@chaminade.edu.

C. Certification and Signatures

Each person signing below certifies that all the information reported is complete and correct. The student and spouse, if married, whose information was reported on the FAFSA must sign and date. WARNING! If you purposely give false or misleading information, you may be fined, sent to prison, or both.

_____
Student's handwritten signature, last 4 of SSN, & date

_____
Spouse's handwritten signature, if married, last 4 of SSN, & date