

# UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

## FINANCIAL AID OFFICE

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## 2012-2013 INDEPENDENT VERIFICATION WORKSHEET

### STEP 1 – STUDENT INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>Social Security Number</i>	<i>Student ID Number</i>
<i>Permanent Address</i>	<i>Street &amp; Number</i>	<i>City/State/Zip</i>	<i>Date of Birth</i>
<i>Local Phone Number (Include Area Code)</i>	<i>Permanent Phone Number (Include Area Code)</i>		<i>Email Address</i>

### STEP 2 – FAMILY INFORMATION

include:

- Yourself
- Your spouse (if you are married)
- Your children if you will provide more than half of their support from July 1, 2012 through June 30, 2013
- Other people only if they live in your household and you provide more than half of their support and will continue to do so from July 1, 2012 through June 30, 2013

Full Name	Age	Relationship	Name of College/Degree Program (If at least half-time 2012-2013)
		<i>Self</i>	<i>University of Michigan Medical School</i>

### STEP 3 – FOOD STAMP BENEFITS – CALENDAR YEAR 2011

Were you eligible to receive food stamps during the calendar year 2011?

\_\_\_\_\_ **YES**...Attach documentation showing that you qualified for the benefit during the calendar year 2011. Continue to STEP 4

\_\_\_\_\_ **NO**...Continue to STEP 4

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