

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

FINANCIAL AID OFFICE

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2015-2016 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, 2015 through June 30, 2016
- 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, 2015 through June 30, 2016

Full Name	Age	Relationship	Name of College/Degree Program (If at least half-time 2015-2016)
		<i>Self</i>	<i>University of Michigan Medical School</i>

STEP 3 – SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM - CALENDAR YEAR 2014

Were you eligible to receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamp Program) during the calendar year 2014?

\_\_\_\_\_ YES...Attach documentation showing that you qualified for the benefit during the calendar year 2014. Continue to STEP 4

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

