

Financial Aid Office 360 Choate Avenue Buffalo, NY 14220 716.826.1200

Instructions			
verification. The law says that before awar your parent(s) reported on your FAFSA. T	rding Federal Stude o verify that you pro vorksheet and with a	FSA) was selected for review in a process called nt Aid, we may ask you to confirm the information you and vided correct information Trocaire College will compare my other required documents. You must complete and sign the Trocaire Financial Aid Office.	
Write the names of all household mem	phore in the chace	holow	
write the names of all nodseriold men	ibers in the space	below.	
List ALL individuals in your parent(s)' ho	ousehold. includina	:	
, , , , , , , , , , , , , , , , , , , ,	, 3		
 Your parents' other children, even than half of their support from Jun. Other people who live with your 	en if they do not live uly 1, 2024, through parent(s), and your	ven if you do not live with your parents; and with your parent(s), if (a) your parents will provide more June 30, 2025, and parent(s) provide more than half of their support and wifrom July 1, 2024, through June 30, 2025.	
Full Name	Age	Relationship	
		Self	

First Name: _____ Last Name: _____ Student ID _____

Section 3: Certification and Signature - Please handwrite your signature. Typed Signatures cannot be accepted.

I certify that all information provided in this document is true, complete, and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the Trocaire College to make any change(s) necessary as a result of the updated information that I have provided.