



2016-2017 VERIFICATION OF CHILD SUPPORT PAID & SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS RECEIVED INDEPENDENT STUDENT

Your 2016-2017 Free Application for Federal Student Aid (FAFSA®) has been selected for the federal verification process. You are required to complete and submit this form to Student Services. Student Services will compare information from your FAFSA with the information on this form and other documentation that you may be required to submit. Student Services may make electronic corrections to your application as a result of the verification process, which may result in changes to your financial aid awards.

A. Student Information

Student Name

Student ID (D#)

B. Supplemental Nutrition Assistance Program Benefits Received

Check the appropriate box below to indicate if any of the members of your household, as listed on your FAFSA, received Supplemental Nutrition Assistance Program (SNAP) benefits during the 2014 and/or 2015 calendar year(s).

- At least one of the members of my household received Supplemental Nutrition Assistance Program (SNAP) benefits during 2014 and/or 2015.
- No members of my household received Supplemental Nutrition Assistance Program (SNAP) benefits during 2014 and/or 2015.

C. Child Support Paid

Check the appropriate box below to indicate if either you or your spouse (if married) listed on your FAFSA paid child support during the 2015 calendar year for any child(ren) not listed as a member of your household on your FAFSA:

- Neither I nor my spouse paid child support during 2015.
- Either I or my spouse did pay child support during 2015.

If either you or your spouse paid child support during the 2015 calendar year, provide:

- The name(s) of the individual(s) who paid the child support
- The name(s) of the individual(s) to whom the child support was paid
- The age(s) of the child(ren) for whom support was paid
- The name(s) of the child(ren) for whom the child support was paid
- The total annual amount of the child support that was paid in 2015 for each child

If additional space is needed, attach a separate page with the student's name, the student's D# and the requested information.

Individual Who Paid Child Support	Child for Whom Support Was Paid	Age of Child for Whom Support Was Paid	Individual to Whom Child Support Was Paid	Amount of Child Support Paid in 2015

D. Certification Statement

Read the certification statement below and provide the required signature.

I hereby certify that all information provided on this verification form is true and correct to the best of my knowledge. I understand this information will be used to verify the data submitted on the Free Application for Federal Student Aid (FAFSA). I realize the eligibility for financial aid for the student indicated above is not finalized until all requested documents have been received and reviewed by Student Services.

Student Signature

Date