

## 2014–2015 Custom Verification Worksheet

# **V4-Independent Student**

Your 2014–2015 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification". The Financial Aid Office at your college must compare information from your FAFSA with information you provide on this worksheet and with any other required documents. If there are differences, your Financial Aid Office could require additional documentation and/or your FAFSA information may need to be corrected. You may not receive federal financial aid until all verification requirements are met and the necessary corrections made.

#### What You Should Do

- 1. Complete the first two pages (Sections A-D) of this worksheet you must sign the certification (Section D) on page 2 of the worksheet.
- 2. Collect the documents required for Section E on page 3 but do NOT complete that section in advance.
- 3. Submit the completed worksheet and any other required documents to the Financial Aid Office at your college. You will complete Section E in person at that time.

#### A. Student's Information

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#### **B.** Receipt of SNAP Benefits

Complete this item if one of the persons in your household received benefits from the **Supplemental Nutrition Assistance Program or SNAP** (formerly known as food stamps) any time during the 2012 or 2013 calendar years.

### Your household includes:

- Yourself and your spouse (if you are married)
- Your other children if you (or your spouse) provide more than half of their support, even if they don't live with you.
- Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2015.

#### Check one box below:

Ш	One of the persons in my household received SNAP benefits in 2012 or 2013. If asked by
	my college, I will provide documentation of the receipt of SNAP benefits during 2012 and/or 2013.
	No one in my household received SNAP benefits in 2012 or 2013.

Student Name:		Student SSN: XXX-XX	K			
C. Child Support Paid						
Complete this item	Complete this item if one of your parents PAID child support in 2013.					
I/we paid child support in 2013 and have listed below the requested information for each child to whom child support was paid. If asked by my college, I/we will provide additional documentation of the payment of child support. [Do not include child support paid for children listed on your FAFSA as part of your household size.]						
Name of Person who Paid Child Support  If more space is needed, attach a separate page with separate page wi		Name of Child for whom Support was Paid Support Paid in 2013				
Example: Mary Smith	John Smith	Joseph Smith	\$5000			
D. Certification and Signatures – Student must sign						
I/we certify that all of the information reported on this worksheet is complete and correct. I/we understand that if we purposely give false or misleading information, we could be fined, jailed, or both. [If student is married, the spouse's signature is optional.]						
Student Signature		Date				
Spouse Signature		Date				
Do not mail this worksheet to the U.S. Department of Education.						

Submit this worksheet to the Financial Aid Office at your college.

You should make a copy of this worksheet and all submitted documents for your records.

You must complete Section E on page 3 of this worksheet IN PERSON at the Financial Aid Office at your college.

Student Name: S		t SSN: XXX-XX
E. Identity Verification and Statemer	nt of Educational Pu	urpose
Do not complete this page in advance at the Financial Aid Office at your col		te and sign this page IN PERSON
You have been selected by the U.S. Depa educational plans. You must appear in persent a piece of valid government-issue representative will review and copy this persuadent file.	erson at the Financial ed identification to a f	Aid Office at your college and inancial aid representative. The
Statement of Educational Purpose		
I certify that I,(Print Name) am the individual signing this Statement	of Educational Purpos	
financial assistance I may receive will only attending	y be used for education	onal purposes and to pay the cost of
(Name of CLINIV Institution Attending)		for 2014-2015.
(Name of CUNY Institution Attending)		
Student's Signature:		Date:
OFFICE USE O	NLY- DO NOT WRI	TE BELOW
Proof of Identity		
The above-named student has presented state driver's license, non-driver's license her identity.		
FA Certifying Officer's Signature	Date Received	Type of Valid ID Collected
2. Completion of High School or the	Equivalent	
The above-named student has submitted documentation to the appropriate CUNY caccredited high school or educational inst or evidence of home schooling.	a final high school tra office that shows evide	ence of graduation from an
FA Certifying Officer's Sig	nature	Date Received