

2015–2016 Custom Verification Worksheet

V4-Dependent Student

Your 2015–2016 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 and at least one parent 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

Student's Last Name M.I.	First Name	Student's Social Security Number
Student's Street Address (include apt. no.)		Student's CUNYfirst ID#
City, State, Zip Code		Student's Date of Birth
Student's Phone Number (include area code)		Student's Email Address

B. Receipt of SNAP Benefits

Complete this item if one of the persons in your parent(s)' household received benefits from the **Supplemental Nutrition Assistance Program or SNAP** (formerly known as food stamps) any time during the 2013 or 2014 calendar years.

Your parent(s)' household includes:

- Yourself and your parent(s) (even if you don't live with them)
- Your parent(s)' other children if (a) your parent(s) provide more than half of their support, or (b) if the other children would be required to provide parental information were they to complete a FAFSA for 2015–2016. Count children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Check one box below:

- ☐ One of the persons in my parent(s)' household received SNAP benefits in 2013 or 2014. If asked by my college, I will provide documentation of the receipt of SNAP benefits during 2013 and/or 2014.
- ☐ No one in our household received SNAP benefits in 2013 or 2014.

Student Name:	Student SSN: XXX-XX- _____
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C. Child Support Paid

Complete this item if one of your parents PAID **child support** in 2014.

- ☐ I/we paid child support in 2014 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.]*

If more space is needed, attach a separate page with student's name and the last 4 digits of student's SSN at the top.

Name of Person who Paid Child Support	Name of Person to whom Child Support was Paid	Name and Age of Child for whom Support was Paid	Amount of Child Support Paid in 2014
<i>Example: Mary Smith</i>	<i>John Smith</i>	<i>Joseph Smith Age 10 years</i>	<i>\$5000</i>

D. Certification and Signatures – Student and one parent must sign

We certify that all of the information reported on this worksheet is complete and correct. We understand that if we purposely give false or misleading information, we could be fined, jailed, or both.

Student Signature	Date
Parent 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: _____	Student SSN: XXX-XX- _____
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E. Identity Verification and Statement of Educational Purpose

Do not complete this page in advance. You must complete and sign this page IN PERSON at the Financial Aid Office at your college.

You have been selected by the U.S. Department of Education to verify your identity and educational plans. You must appear in person at the Financial Aid Office at your college and present a piece of valid government-issued identification to a financial aid representative. The representative will review and copy this piece of identification which will be maintained in your student file.

Statement of Educational Purpose

I certify that I, _____
(Print Name)

am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending

_____ for 2015-2016.
(Name of CUNY Institution Attending)

Student's Signature: _____ Date: _____

OFFICE USE ONLY- DO NOT WRITE BELOW

1. Proof of Identity

The above-named student has presented valid government-issued photo identification such as a state driver's license, non-driver's license, military identification or passport which verifies his or 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 a final high school transcript or other acceptable documentation to the appropriate CUNY office that shows evidence of graduation from an accredited high school or educational institution, state-issued general education equivalency (GED), or evidence of home schooling.

FA Certifying Officer's Signature	Date Received