

2018–2019 Verification Worksheet

Central Technology Center

Independent Student (V4)

Your 2018–2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. Independent Student's Information

| | | | |
|---|----------------------|----------------|--|
| Student's Last Name | Student's First Name | Student's M.I. | Student's Social Security Number |
| Student's Street Address (include apt. no.) | | | Student's Date of Birth |
| City | State | Zip Code | Student's Email Address |
| Student's Home Phone Number (include area code) | | | Student's Alternate or Cell Phone Number |

B. Child Support Paid to Be Verified

If the student and/or spouse, who is a member of the student's household, paid child support in 2016, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2016 for each child.

If more space is needed, provide a separate page that includes the student's name and ID number 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 | Annual Amount of Child Support Paid in 2016 |
|---------------------------------------|---|---|---|
| | | | |
| | | | |
| | | | |
| Total Amount of Child Support Paid | | | \$ |

Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:

- A signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

C. SNAP Program to Be Verified

Complete this section if someone in the student’s parent’s household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2016 or 2017 calendar years.

One of the persons listed in Section B of this worksheet received SNAP benefits in 2016 or 2017. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2016 and/or 2017.

D. Other Untaxed Income for 2016 - If any item does not apply, enter “N/A” for Not Applicable where a response is requested, or enter 0 (zero) in an area where an amount is requested.

1. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

| Name of Person Who Made the Payment | Annual Amount Paid in 2016 |
|--|----------------------------|
| | |
| | |
| | |
| | |
| | |
| Total Payments to Tax-deferred Pension and Retirement Savings | \$ |

2. Child support received - List the actual amount of any child support received in 2016 for the children in your household.

Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

| Name of Adult Who Received the Support | Name of Child For Whom Support Was Received | Annual Amount of Child Support Received in 2016 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| Total Amount of Child Support Received | | \$ |

3. **Housing, food, and other living allowances paid to members of the military, clergy, and others** - Include cash payments and/or the cash value of benefits received.

Do not include the value of on-base military housing or the value of a basic military allowance for housing.

| Name of Recipient | Type of Benefit Received | Annual Amount of Benefits Received in 2016 |
|-----------------------------------|--------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Amount of Benefits Received | | \$ |

4. **Veterans non-education benefits** - List the total amount of veterans non-education benefits received in 2016. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

Do not include federal veterans educational benefits such as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits

| Name of Recipient | Type of Veterans Non-education Benefit | Annual Amount of Benefits Received in 2016 |
|-----------------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Amount of Benefits Received | | \$ |

5. **Other untaxed income** - List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

Do not include any items reported or excluded in 1 – 4 above. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

| Name of Recipient | Type of Other Untaxed Income | Annual Amount of Other Untaxed Income Received in 2016 |
|--------------------------------------|------------------------------|--|
| | | |
| | | |
| | | |
| | | |
| Total Amount of Other Untaxed Income | | \$ |

6. **Money received or paid on the student's behalf** - List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student's 2018–2019 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's 2018–2019 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

| Purpose: e.g., Cash, Rent, Books | Source | Annual Amount Received in 2016 |
|----------------------------------|--------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Amount Received | | \$ |

7. **Additional information** - Provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and includes such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with the student's name and ID number at the top.

| Name of Recipient | Type of Financial Support | Annual Amount of Financial Support Received in 2016 |
|--|---------------------------|---|
| | | |
| | | |
| | | |
| Total Amount of Financial Support Received | | \$ |

**E. Identity and Statement of Educational Purpose
(To Be Signed at the Institution)**

The student must appear in person at Central Tech to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided on the following page.

Statement of Educational Purpose

I certify that I _____ am the individual signing
(Print Student's Name)

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 2018-2019.

(Name of Postsecondary Educational Institution)

(Student's Signature)

(Date)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,

(Date)

(Notary's name)

personally appeared, _____, and proved to me

(Printed name of signer)

on the basis of satisfactory evidence of identification _____

(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

(Notary signature) _____

My commission expires on _____

(Date)

F. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature

Date

Spouse's Signature

Date

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school. You should make a copy of this worksheet for your records.