

Office of Financial Aid 2015/2016

Independent Child Support and SNAP Verification Worksheet

Your 2015–2016 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 reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student's Info	rmation		
Student's Last Name	First Name	M.I.	Holmes ID Number
Student's Street Address	(include apt. no.)	Student's Phone Number (include area code)	
City	State	Zip Code	-

B. Child Support Paid

The student or spouse, who is a member of the student's household, paid child support in 2014. List 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 of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child. **Do not include child support received.**

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	Name of Person to Whom	Name of Child for Whom Support	Amount of Child
Child Support	Child Support was Paid	Was Paid	Support Paid in
			2014

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipt.

FORM - 16V4I

C. SNAP Benefits Received

The student certifies that a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 or 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

- The student.
- The student's spouse, if the student is married.

Student Name:

- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2015, through June 30, 2016, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and

will continue to provide more than half of their support	ort through June 30, 2016.
Note: If we have reason to believe that the information re require documentation from the agency that issued the SN	garding the receipt of SNAP benefits is inaccurate, we may NAP benefits in 2013 or 2014.
I certify that myself or someone in my h	ousehold received SNAP benefits.
I certify that no one in my household rec	ceived SNAP benefits.
D. Certification and Signature: WARNING: If you sentenced to jail, and/or removed from school.	purposely give false or misleading information you may be fined, be
Each person signing below certifies that all of the information	ation reported is complete and correct.
Print Student's Name	Holmes ID Number
Student's Signature no electronic signature, must be original	Date
	ng means: take to your campus Financial Aid Office, mail to Financial Aid Office to 662-472-9170 or email to gmuse@holmescc.edu.

Revised 04/2015