

2016-2017 (V4) Custom Verification Worksheet

A. Student Information

Last Name	First Name	MI	Student ID Number
Address (include apt. #)			Social Security Number
City	State	Zip Code	Date of Birth
			Phone Number (include area code)

B. Family Information

Write the names of **ALL household members*** in the section below. **LIST YOURSELF FIRST!** Also write in the college name for any family member, excluding your parent, who will attend college at least half time between July 1, 2016 and June 30, 2017, and will be enrolled in a financial aid eligible program. If you need more space, attach a separate page.

***Independent Student:** List the people in your household. List yourself first, then your spouse if you have one, and your children **if you will provide more than half of their support from July 1, 2016 through June 30, 2017** even if they do not live with you. Include other people only 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, 2017.

***Dependent Student:** List the people in your parent's household. List yourself first, then your parent(s)/stepparent(s) (even if you do not live with them), and your parent/stepparent's other children who live with them. Include parent/stepparent's other children who do not live with them **if** your parent/stepparent will provide more than half of their support from July 1, 2016 through June 30, 2017 or **if** the children would be required to give parental information when applying for federal student aid. List any other people who now live in your parent/ step-parent's household **if** your parent/stepparent provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>(example) Missy Jones</i>	<i>24</i>	<i>Wife</i>	<i>City University</i>	<i>(Yes or No)</i>
		SELF	KCTCS	

C. SNAP and Child Support Paid Information to Be Verified

- Check this box if anyone in the household included on the FAFSA received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) at any time during 2014 or 2015. If asked by my school, I will provide documentation from the agency that issued the SNAP benefits during 2014 or 2015.

- Check this box if you, the student, or your parent included on the FAFSA, paid child support in 2015. Indicate below the name of the person who paid child support, the name of the person to whom child support was paid, the name of the child/children for whom child support was paid, the age of the child/children and the total amount of child support that was paid in 2015. If asked by my school, I will provide documentation (separation/divorce agreement, copies of checks, etc.) of the child support paid.

Name of Person who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Age of Child	Amount of Child Support Paid in 2015
<i>(example) Marty Jones</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>5</i>	<i>\$6000</i>

D. Verification of Student's High School Completion Status

You, the student, must provide one of the following documents to verify high school completion status.

- Copy of high school diploma
- Copy of final official high school transcript indicating graduation date
- Copy of GED certificate
- Copy of "secondary school leaving certificate" or similar document if graduated in a foreign country
- Copy of a college academic transcript indicating completion of at least a two-year program acceptable for full credit toward a bachelor's degree
- For a home schooled student from a state where state law require the student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- For a home schooled student from a state where state law does not require the student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its equivalent), a transcript or the equivalent, signed by the student's parent or legal guardian, that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a homeschool setting

E. Student's Identity Statement of Educational Purpose

- You, the student, must appear at the financial aid office to sign a "Statement of Educational Purpose" in the presence of an authorized college financial aid official. You are required to present a valid, *unexpired*, government-issued photo ID (such as a driver's license, other state-issued ID or passport) which must be photocopied.
- If you cannot appear in person, you must submit an officially notarized "Statement of Educational Purpose" (you must submit the original, not a photocopy) along with a photocopy of the valid, *unexpired*, government-issued ID acknowledged in the notary statement.

F. Certification and Signatures

Each person signing this worksheet certifies that all information reported on it is complete and correct. If student is dependent, at least one parent must sign.

Your financial aid cannot be processed until the financial aid office receives the required Verification documents. Your school must review the requested information, under the financial aid program rules (34 CFR, Part 668), and submit corrections if necessary.

WARNING: *If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.*

Student's Signature

Date

Parent's Signature (Dependent Students Only)

Date



IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Student's name (PRINT): _____ Student ID: _____

DO NOT complete this form in advance. You must 1) complete this form, in person, at the Office of Financial Aid **OR** 2) sign this form in the presence of a notary public and mail, the original, notarized document to the Office of Financial Aid.

Identity and Statement of Educational Purpose

You must present an *unexpired* valid government-issued photo identification, such as, but not limited to, a driver's license, other state-issued ID, or passport to verify your identity.

I certify that I, _____, 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 2016-2017.
(Print student's name)
(Name of Postsecondary Educational Institution)

Student's Signature: _____ Date: _____

To be completed by a Notary Public (If not appearing in person)

If you are unable to appear in person at the Office of Financial Aid please also complete the below section to verify your identity. You must complete this form in the presence of a notary public. You must then provide the original notarized statement, as well as a copy of the *unexpired* valid government-issued photo identification, acknowledged below, to the Office of Financial Aid.

State of _____ City/County of _____

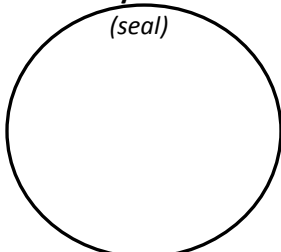
On _____, before me, _____
(Date) *(Notary's name)*

personally appeared _____, and proved to me on a basis of satisfactory
(Printed name of signer)

evidence of identification _____ to be the above-named person who
(Type of government-issued photo ID provided)

signed the foregoing instrument.

WITNESS my hand and official seal



(Notary Signature)

My commission expires on _____
(Date)

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