



2018-2019 Verification of Child Support  
Paid and Supplemental Nutrition  
Assistance Program (SNAP)  
Office of Undergraduate Financial Aid

**Student Name:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

On the Free Application for Federal Student Aid (FAFSA), you indicated that either you or your parents paid child support and/or received Supplemental Nutrition Assistance Program during 2016. You have been selected for verification; therefore, the Office of Undergraduate Financial Aid must obtain a signed statement verifying your information. Please complete the following worksheet and return it to the Office of Undergraduate Financial Aid. Please be sure the amounts listed are actual dollars paid during the calendar year 2016.

**STUDENT:**

**Did you pay child support in 2016?**       No.       Yes.      Please certify the following:

\_\_\_\_\_  
Name of Person to Whom Child Support was Paid      \$ \_\_\_\_\_ 2016 Total Paid      \_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Person to Whom Child Support was Paid      \$ \_\_\_\_\_ 2016 Total Paid      \_\_\_\_\_  
Name of Child

**PARENT:**

**Did you pay child support in 2016?**       No.       Yes.      Please certify the following:

\_\_\_\_\_  
Name of Person to Whom Child Support was Paid      \$ \_\_\_\_\_ 2016 Total Paid      \_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Person to Whom Child Support was Paid      \$ \_\_\_\_\_ 2016 Total Paid      \_\_\_\_\_  
Name of Child

\*If additional space is needed, please write on the back of this form

**Did you or your parents receive Supplemental Nutrition Assistance Program (SNAP) in 2016 and/or 2017?**

No. Please sign and submit this form to the Office of Undergraduate Financial Aid.

Yes. Please complete the information below, sign this form, and attach proof of benefits received.

Please complete the following information for the person in your household receiving SNAP benefits. If you are the one receiving benefits, please indicate "self" in Relationship to Student.

\_\_\_\_\_  
Name of Recipient      Age      Relationship to Student

\_\_\_\_\_  
Street Address      Phone Number

\_\_\_\_\_  
City      State      Zip      County

*I certify that this information is correct. Should any changes occur to this information I understand that I must notify the Office of Undergraduate Financial Aid.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE