

2017–2018 V4 Custom Verification Worksheet Independent Student

Your 2017–2018 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.

Section 1 - Student's Information

| | | | |
|---|------------|------|--|
| Student's Last Name | First Name | M.I. | Campus Wide ID (CWID) |
| 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 |

Section 2 - Child Support Paid

Did you or your spouse (if married) pay child support in 2015?

Yes

No

If yes, please, provide the following information:

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 of Child for Whom Support Was Paid | Amount of Child Support Paid in 2015 |
|---------------------------------------|---|---|--------------------------------------|
| | | | |
| | | | |
| | | | |
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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 receipts.*

Student's Name: _____ CWID _____

Section 3 - Receipt of SNAP Benefits

In 2014 or 2015, did you or anyone in your household receive Supplemental Nutrition Assistance Program (SNAP) benefits, previously called Food Stamps?

Yes

No

Your household includes:

- You.
- Your spouse, if you are married.
- Your or your spouse's children if you or your spouse will provide more than half of their support from July 1, 2017, through June 30, 2018, even if the children do not live with you.
- Other people if they now live with you and you and your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

Section 4 – Signature(s) Required

Each person signing below certifies that all of the information reported is complete and correct.

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

Print Student's Name

Campus Wide ID (CWID)

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

Section 5 – Statement of Educational Purpose

Do not complete this section in advance. This section must be completed and signed:

- **In the presence of an approved representative of the financial aid office if you submitting this paperwork in to the financial aid office in person or**
- **In the presence of a Notary Public if you are not submitting this paperwork to the financial aid office in person.**

I will use all federal, state, and institutional funds I receive to pay the costs associated with my attendance of the 2017-2018 academic year at **Pepperdine University**.

Student Signature

Date

To be completed by Financial Aid Administrator if submitting in person:

Financial Aid Officer Name Printed

Financial Aid Officer Title

Financial Aid Officer Signature

Date

Student's Name: _____ CWID _____

To be completed by Notary Public if submitting by mail:

State

County

Notary Public Name Printed

Notary Public Name Signed

Seal:

**Submit this completed and signed document to:
Pepperdine University Attn: SPP Financial Aid
24255 Pacific Coast Hwy., Malibu, CA 90263**