

2019-2020 V5 Aggregate Verification Worksheet Independent Student

Your 2019–2020 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 - Student's Family Information

In the table below list the people in your household. Include:

- Yourself.
- Your spouse, if you married.
- Your children if you or your spouse will provide more than half of their support from July 1, 2019, through June 30, 2020, even if the children do not live with you.
- Other people if they now live with you and you or your spouse provides more than half of your support and will continue to provide more than half of your support through June 30, 2020.

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2019, and June 30, 2020, include the name of the college.

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

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>	<i>Pepperdine University</i>	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Section 3 - Receipt of SNAP Benefits

In 2016 or 2017, did you or anyone in your household listed in Section 2 receive Supplemental Nutrition Assistance Program (SNAP) benefits, previously called Food Stamps?

Yes

No

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 2016 or 2017.

Section 4 - Child Support Paid

Did you or your spouse (if married) pay child support in 2017?

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 2017

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.*

Section 5 – Signature(s) Required

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

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

Print Student's Name

Campus Wide ID (CWID)

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

Student's Name: _____ CWID _____

Section 6 – Statement of Educational Purpose

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

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

I will use all federal, state, and institutional funds I receive to pay the costs associated with my attendance of the 2019-2020 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

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**