

## 2019–2020 V4 Custom 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 - 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.*

Student's Name: \_\_\_\_\_ CWID \_\_\_\_\_

### Section 3 - Receipt of SNAP Benefits

In 2016 or 2017, 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, 2019, through June 30, 2020, 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, 2020.

*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 – 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 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

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**