# PEPPERDINE UNIVERSITY School of Public Policy

## 2020-2021 V5 Aggregate Verification Worksheet Independent Student

Your 2020–2021 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 (in	clude apt. no.)	Student's Date of Birth	
City State Zip Code			Student's Email Address
Student's Home Phone Num	nber (include area c	ode)	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, 2020, through June 30, 2021 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, 2021.

For any household member who will be enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2020, and June 30, 2021, 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)
		Self	Pepperdine University	

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 2017 or 2018, did you or Program (SNAP) benefits, p Yes			in Section	2 receive Supplemental N	Nutrition Assi	stance
□ No						
<b>Note:</b> If we have reason to be require documentation from		•	•	-	inaccurate, v	ve may
Section 4 - Child Suppo	rt Paid					
Did you or your spouse (if r	narried) pay ch	ild support in 2018	3?			
□ No						
If yes, please, provide the for If more space is needed, provide a			name and II	) 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 2018	
					_	
	greement or div idual receiving t payment check	orce decree that sho the child support cer	ws the amo	t paid is not accurate, we mo	ovided;	tional
<u> </u>	-			WARNING: If you purpose or misleading information fined, be sentenced to jail, of	you may be	
Each person signing below certifies Information reported is complete as						'
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 Educati	ional Purpose	
• In the presence of a Notary person, or	nce. This section must be completed and signed: Public if you are not submitting this paperwork to the financial aid office in wed representative of the financial aid office if you submitting this paperwork	
in to the financial aid office	<i>in person.</i> tional funds I receive to pay the costs associated with my attendance of the	
Student Signature	Date	
To be completed by Financial Aid A	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 in	f 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