



**FINANCIAL AID OFFICE**  
**ONLINE**  
 Tel: 866.527.5268 (Toll Free)  
**AUGUSTA**  
 Tel: 207.213.2500  
**CEDAR FALLS**  
 Tel: 319.277.0220  
**CEDAR RAPIDS**  
 Tel: 319.363.0481

**DAVENPORT**  
 Tel: 563.355.3500  
**DES MOINES**  
 Tel: 515.727.2100  
**HAGERSTOWN**  
 Tel: 301.766.3600  
**INDIANAPOLIS**  
 Tel: 877.320.5430

**LEWISTON**  
 Tel: 207.333.3300  
**LINCOLN**  
 Tel: 402.474.5315  
**MASON CITY**  
 Tel: 641.423.2530  
**MILWAUKEE**  
 Tel: 414.223.2105

**OMAHA**  
 Tel: 402.431.6100  
**ROCKVILLE**  
 Tel: 301.258.3800  
**SOUTH PORTLAND**  
 Tel: 207.774.6126  
**ST. LOUIS**  
 Tel: 314.205.7900

## 2016–2017 Child Support Paid & Supplemental Nutrition Assistance Program (SNAP) Verification Worksheet Dependent Student

Your 2016–2017 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 the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents.

If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Please carefully read ALL instructions for each section PRIOR to completing each section. All fields marked with an asterisk (\*) are required.

### A. Dependent Student's Information

\* \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_  
 Student's Last Name Student's First Name M.I. Student's Social Security Number

\* \_\_\_\_\_ \* \_\_\_\_\_  
 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

### B. Parent's Information to Be Verified

1. Complete this section related to benefits received from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years. The Parent's household includes:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Both of your legal (biological or adoptive) parents if they live together, regardless of marital status or gender.
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

\_\_\_ One or more individuals included in the parent's household size as reported in the FAFSA received SNAP benefits in 2014 or 2015. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2014-2015.

\_\_\_ No individuals in the parent's household size as reported in the FAFSA received SNAP benefits in 2014-2015.

2. Complete this table if one of the student's parents paid child support in 2015. **Do not include child support received.**

**Check the box that applies (Select ONLY one):**

The student's parent(s) did not pay child support in 2015.

One (or both) of the student's parents listed paid child support in 2015. The parent has indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If asked by the school, I will provide documentation of the payment of child support.

For child support paid, do not list agency or State. **Each child must be listed separately.** You must list the name of the person. If you need more space, attach a separate page that includes the student's name and Social Security 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 Child Support Was Paid	Age of Child	Amount of Child Support Paid in 2015
<i>Marty Jones (example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>12</i>	<i>\$6,000.00</i>

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 statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

**C. Certification and Signature**

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

I certify that all of the information reported on this worksheet is complete and correct. The student and parent must sign this worksheet.

***Students attending Kaplan University online must provide their original signature using blue or black ink.***

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

**Note: Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school. You should make a copy of this worksheet for your records.**