

Financial Aid and Scholarships is requesting additional clarification of support for your child included in your household on the FAFSA and/or the Independent Verification Worksheet. Please complete this form and submit to Financial Aid and Scholarships. **Please reference your Self-Service for a complete list of required documentation.**

If the information on this form conflicts with the information on the FAFSA and/or is completed incorrectly, then additional documentation will be requested. You MUST include your (student's) name and CCU ID number on all documents submitted.

Failure to do so will result in a delay of the processing of your documents.

****Allow two to three weeks for processing. Please note the processing time of verification may be longer during peak periods.****

Student Name _____ SSN/ID _____
Last First

Student Physical Address: _____
Address City/State Zip

Do you have a child that lives in your household and/or you provide more than half of their support currently and will continue to through June 30, 2024? ****Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, etc.**** Check the applicable box:

No. Please update the dependency question on the FAFSA and add parent information (demographic and financial).

Yes. Please list their names and ages : _____

Does the child live with you and will continue to do so throughout the academic year? Check the applicable box:

No

➤ With whom does the child reside: **Name:** _____ **Relationship to child:** _____

➤ How much child support and/or cash support did you pay in 2022 \$ _____ and 2023 \$ _____

Yes

➤ With whom do you and your child reside: **Name:** _____ **Relationship to you:** _____

➤ How much do you pay in rent and utilities monthly: \$ _____

➤ What is your current net weekly pay from employment: \$ _____

➤ Source of income used to pay rent, utilities, etc.: _____

Please clarify if you receive any of the following types of assistance and the amount received in 2022 or 2023 (if applicable):

- Supplemental Nutrition Assistance Program (SNAP)/Food Stamps \$ _____
- AFDC/TANF/HUD Subsidized Housing Program \$ _____
- Social Security Benefits \$ _____
- Excess financial aid \$ _____
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Yes

If you received any additional assistance and/or support not listed above please provide an explanation on a separate page and submit with this form.

Certification and Signatures

Signing this worksheet certifies that all of the information reported on it is complete and accurate. *I understand that I may be required to provide additional documentation if information on this form conflicts with the FAFSA and/or other submitted documentation.*

(Typed and/or computer-generated signatures will not be accepted.)

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

Student Signature _____ Student Printed Name _____ Date _____