



2019/2020 Verification of Receipt of Federal Benefits

Student Name _____ Student ID (EMPLID) _____

Your FAFSA was selected for a process called verification as a result of reporting no income or low income on your FAFSA. You, or your parent (*depending on your dependency status*), must review, complete, and sign this certification and return it to the Financial Aid Office. Please indicate below if you received Federal Benefits in 2017.

Dependency Status

Select One:

- I am a dependent student - Parent must complete verification section.
- I am an independent student - You, the student, must complete verification section.

Verification Section

I (print name), _____, certify that in **2017**, I or a member of my household, received the federal benefit(s) I checked below:

____ Medicare/SSI

____ SNAP

____ School Lunch (Free or Reduced)

____ TANF

____ WIC

If no federal benefits were received in 2017, please explain how you supported yourself and/or your household in 2017.

Student's Signature

Date

Parent's Signature (if a Dependent Student)

Date