



# 2021/2022 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 2019.

### 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 **2019**, 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 2019, please explain how you supported yourself and/or your household in 2019.*

---



---



---



---



---

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if a Dependent Student)

\_\_\_\_\_  
Date