

California Lutheran University – Office of Financial Aid

15-16
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Independent Verification Worksheet Federal Student Aid Programs

Your 2015–2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Office of Financial Aid. We may ask for additional information. Should you require further instructions, please contact our office at (805) 493-3115 or finaid@callutheran.edu.

A. Student Information

Last Name _____ First Name _____ M.I. _____ CLU ID # or Social Security Number _____
@callutheran.edu

Date of Birth _____ E-mail address _____ Current phone number (include area code) _____

B. Receipt of SNAP Benefits

Did any member of the student's household receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 or 2014? SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

YES

NO

The student's household includes:

- ▶ The student and spouse (if applicable) **and**
- ▶ The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2015, through June 30, 2016, even if the children do not live with the student **and**
- ▶ Other people if they now live with the student and the spouse and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2016

C. Child Support Paid

The student or spouse, who is a member of the student's household, paid child support in 2014. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

Name of person who made child support payment(s)	Name of person who received child support payment(s)	Name of child for whom child support was paid	Total amount paid between January 1 - December 31, 2014
			\$
			\$

If more space is needed, provide a separate page with the student's name and ID number at the top.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits and/or payment of child support is inaccurate, we may require further documentation.

D. Certifications and Signatures

The student must sign and date below. If married, the spouse's signature is optional. Each person signing below certifies that all of the information reported is complete and correct. **WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

Student's Signature - Required _____ Date _____

Spouse's Signature _____ Date _____

RETURN TO:
Office of Financial Aid
California Lutheran University
60 West Olsen Road #1375
Thousand Oaks, CA 91360
FAX: (805) 493-3114