Troy University Financial Aid Office 134 Adams Administration Bldg. Troy, AL 36082

Dependent Verification Worksheet (V4) 2015-2016 Call 1-800-414-5756 for questions



Your 2015-2016 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 provide correct information, we will compare your FAFSA with the information on this institutional verification document 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 office at Troy University. The financial aid office may ask for additional information. If you have questions about verification, contact the financial aid office as soon as possible so that your financial aid will not be delayed. You must return this form to the address listed on this form.

A. Student Informat	ion			
Student's Name:	M.I. Las		cial Security Number:	
Date of Birth:	Home	Phone:	Cell Phone	:
Email:			Work Phone:	
Address:				
Street/P.O. B	ох	City	State	Zip
B. High School Con	npletion Status			
Check one box: I have attached one o	high school complete fithe documents below	letion status who	en the student will begi	dmissions process) that n college in 2015–2016:
 A copy of the student's high school diploma. A copy of the student's final official high school transcript that shows the date when the diploma was awarded. 				
A state certificate or transcript received by a student after the student passed a State-authorized examination (GED test, HiSET, TASC, or other State-authorized examination) that the State recognizes as the equivalent of a high school diploma.				
 For students who cor leaving certificate" or 	•		gn country, a copy of the "	'secondary school
 An academic transcri acceptable for full cre 	•		ully completed at least a t	wo-year program that is

If the student is unable to obtain the documentation listed above, he or she must contact the financial aid office.

If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or quardian, that lists the secondary school courses the student completed and

If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.

documents the successful completion of a secondary school education in a homeschool setting.

Student's Name	Stu	udent's SSN:	

C. Identity and Statement of Educational Purpose

Instructions:

Either:

• The student must appear in person at the Troy University Financial Aid Office to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. Troy University will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the Troy University Financial Aid Office official, the **Statement of Educational Purpose** below.

Or:

- If the student is unable to appear in person at the Troy University Financial Aid Office to verify his or her identity, the student must provide:
 - (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
 - (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I am the individual signing this Statement of Educational Purpose				
I certify that I am the individual signing this Statement of Educational Purpose (Print Student's Name) and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Troy University for 2015-2016.				
(Student's Signature)	(Date)	(Student's ID#)		
Notary's Ce	rtificate of Acknowl	edgement		
State of				
City/County of			-	
On, before me,		,	_	
(Date)	(Notary's name)			
personally appeared,		, and proved to me		
(Printed name of signer	,			
on basis of satisfactory evidence of identification		t-issued photo ID provided)		
to be the above-named person who signed the f	` '	i-issued prioto iD provided)		
to be the above named person who signed the h				
WITNESS my hand and official seal (seal)			_	
	(Not	ary signature)		
NA.				
My commission expires on(Date)	· · · · · · · · · · · · · · · · · · ·			
(Date)				
FOR OFFICE USE ONLY: Attach photocopy of ID after verifying identity				
Document Used:Date Receive	ed:	Authorized Name:		

Student's Name		Student's SSN			
D. Receipt of SNAP Benefits					
The parents certify that a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 or 2014 by checking the YES box below. 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).					
Did any members of your household receive Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program in 2013 and/or 2014? YES NO					
The parents' household in	cludes:				
 The student. The parents (including a stepparent) even if the student doesn't live with the parents. The parents' other children if the parents will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015–2016. Include children who meet either of these standards even if the children do not live with the parents. Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2016. 					
Note: If we have reason to	believe that the information rega	rding the receipt of SNAP bene	efits is inaccurate,		
we may require document	ation from the agency that issued	the SNAP benefits in 2013 or 2	2014.		
E. Child Support Paid					
Did one of the parents included in the household or the student pay child support in 2014? YES NO If one or both of the parents included in the household and/or the student paid child support in 2014, provide in the space 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 and ages 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. If more space is needed, provide 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 and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2014		

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2014

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 copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

Student's Name	Student's SSN:	
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F. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct. The stude and one parent must sign and date.	WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.		
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Student's Signature	Date		
Parent's Signature	Date		