

2016–2017 INDEPENDENT VERIFICATION WORKSHEET TRACKING GROUP V4 – CUSTOM

Your 2016–2017 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 provided 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. Your information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

	First Name M.I.	Student's Social Security Number
Student's Street Address ((include apt. no.)	Student's Date of Birth
City State Zip Code		Student's Email Address
Student's Home Phone Nu	umber (include area code)	Student's Alternate or Cell Phone Number
	nt's high school diploma. nt's final official high school tra	anscript that shows the date when the diploma was

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

Student's Last Name	First Name	M.I.		
III. Identity and Stat	ement of Edu	cational Pur _l	pose (To Be Signed at the	
Please note that the s signed at the institutio		=	otion one or two below. Option one must be	;
Must Be Sign The student must appear			to ndary Educational Institution)	
limited to, a driver's licer	by presenting a vanse, other state-is annotated with t	alid government sued ID, or pass he date it was re	-issued photo identification (ID), such as, but no sport. The institution will maintain a copy of the eceived and the name of the official at the	ot
In addition, the student r	nust sign, in the p	resence of the i	nstitutional official, the following:	
	Stateme	ent of Educati	onal Purpose	
I certify that I	(Print Student's N	Name)	am the individual signing this	
			rposes and to pay the cost of attending	
			for 2016–2017.	
(Name of Postse	condary Education	onal Institution)		
(Student's Signa	ature)		(Date)	

(Student's ID Number)



Student's Last Name	First Name	M.I.	
2. Must Be Sig	ned With Not	ary	
to verify his or her identi (a) A copy of the valid of statement below, su	ty, the student mu government-issue ich as but not limi	ist provide d photo id ted to a dr	Name of Postsecondary Educational Institution) e: entification (ID) that is acknowledged in the notary river's license, other state-issued ID, or passport; and Purpose provided below.
	Statem	ent of Ed	lucational Purpose
(F Statement of Ed I may receive w	rint Student's Nar lucational Purpos ill only be used fo	ne) e and that r educatio	am the individual signing this the federal student financial assistance nal purposes and to pay the cost of attendingfor 2016-2017. ution)
(Student's Signa	ature)		(Date)
(Student's ID No	umber)		
	Notary's C	ertificate	e of Acknowledgement
			(Notary's name), and provided to me
personally appeared,	(Printed name of		, and provided to me
on basis of satisfactory	•	fication	
to be the above-named	person who signe		ype of government-issued photo ID provided) going instrument.
WITNESS my hand and (Seal)	d official seal		
(3331)			(Notary signature)
My commission expires			
	(Date		



Student's Last Name	First Name	M.I.

IV. Receipt of SNAP Benefits

The student certifies that a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. 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).

The student's householdincludes:

- ■The student.
- ■The student's spouse, if the student is married.
- •The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- •Other people if they now live with the student 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, 2017.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

(A hand-initial is required in one of the following boxes)
The student certifies that someone in the household has received SNAP benefits during 2014 or 2015, by meanings of either themselves or their spouse.
The student certifies they have not received SNAP benefits and authorize HPU to make corrections to FAFSA on their behalf.

Financial Aid Office

Student's Last Name	First Name	M.I.	

V. Child Support Paid

The FAFSA shows that a member of the student's household, paid child support in 2015. 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 2015 for each child.

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

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015

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



Financial Aid Office

VI. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent

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

wnose information was reported on the FAFSA mus	t nand-sign and date.
Print Student's Name	Student's ID Number
Student's Signature	Date

Submit in Person: Hawai'i Pacific University Financial Aid Office

1164 Bishop Street, Suite 201 Honolulu, Hawai'i 96813-2882

Submit by Email: financialaid@hpu.edu

Submit by FAX: (808) 544-0884