

Office of Financial Aid 3007 N. Ben Wilson Room 110 University West Victoria, TX 77901-5731 Ph. 361-570-4125 Fax: 361-580-5555

Email: finaid@uhv.edu

2016-2017 Verification Worksheet-V4

Name:		UHV ID:	
Date of Birth:	Stude	ent Phone Number:	
says that before awarding Fede that you provided correct infor- and with any other required doc spouse or parent, if applicable, document, attach any required	ion for Federal Student Aid (FAFSA ral Student Aid, we may ask you to mation, we will compare your FAFS cuments. If there are differences, you whose information was reported on documents, and submit them to us. Vas possible so that your financial aid.	confirm the information you reposed with the information on this insur FAFSA information may need the FAFSA must complete and so we may ask for additional information.	orted on your FAFSA. To verify stitutional verification document to be corrected. You, and your ign this institutional verification
A. <u>CHILD SUPPORT PAID</u>	: check the box that applies		
In the household, the student (c	or spouse), the student's parent(s), or	r both paid or did not pa	ay child support in 2015.
If support was paid, submit th If you need more room, attac	e requested information in the boxes that a separate sheet.	s below.	
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Child Support was Paid	Annual Amount of Child Support Paid for
			2015
If you need more room, attac	h a separate sheet.		
documentation, such as: a signo divorce decree, copies of child	ieve that the information regarding c ed statement from the individual reconsupport payment checks, money ord PPLEMENTAL ASSISTANCE PR	eiving the support certifying the a ler receipts or electronic payments	mount received, a copy of the s having been paid.
Dependent:			
☐ The parents certify the benefits from the Supposemetime during 2014	plemental Nutrition Assistance Progr	, member(s) o ram or SNAP (formerly known as	f the parent's household received s the Food Stamp Program)
☐ The parents certify that	at members of the household did not ormerly known as the Food Stamp Pr		
Independent:	•		
☐ The student certifies the benefits from the Suppose sometime during 2014	plemental Nutrition Assistance Progr	, a member of th ram or SNAP (formerly known as	ne student's household, received is the Food Stamp Program)
	nat members of the household did no rmerly known as the Food Stamp Pr		

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C. <u>HIGH SCHOOL COMPLETION STATUS</u>

	one of the following documents that indicate the st 2017: (check the one you are submitting)	tudent's high school completion sta	atus when the student will begin college
	A copy of the student's high school diploma. A copy of the student's final official high school A state certificate or transcript received by a stud recognizes as the equivalent of a high school dipl For students who completed secondary education other similar document. An academic transcript that indicates the student credit toward a bachelor's degree. For a homeschooled student from a state where s credential for homeschool (other than a high scho For a homeschooled student from a state where s credential for homeschool (other than a high scho signed by the student's parent or guardian, that li statement that the student successfully completed	lent after the student passed a State loma (GED test, HiSET, TASC, or in a foreign country, a copy of the successfully completed at least a tate law requires the student to obtool diploma or its recognized equivate law does not require the stude tool diploma or its recognized equivates the secondary school courses the	e-authorized examination that the State other State-authorized examination). e "secondary school leaving certificate" or two-year program that is acceptable for full tain a secondary school completion valent), a copy of that credential. Into obtain a secondary school completion valent), a transcript or the equivalent, the student completed and includes a
D. <u>IDEN</u>	NTITY AND STATEMENT OF EDUCATION.	AL PURPOSE (complete section	ı 1 or 2)
The stude governme institution and the na	Description Be Signed at the Institution lent must appear in person at the University of Homent-issued photo identification (ID), such as, but is no will maintain a copy of the student's photo ID that are of the official at the institution authorized to on, the student must sign in the presence of the interpretation.	not limited to, a driver's license, ot hat is annotated by the institution we collect the student's ID.	ther state-issued ID, or passport. The with the date it was received and reviewed
	Stateme	nt of Educational Purpose	
S	I certify that I(Print Student's Name) Statement of Educational Purpose and that the Fe for educational purposes and to pay the cost of at		
_	(Student's Signature)	(Student ID Number)	(Date)
Ī	For Office Use Only:		
_	Signature of Staff Member that Collecte	ed Form Form of ID	Date Collected

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Identity and Statement of Educational Purpose		
2. To Be Signed in the Presence of a Notary		
If you are unable to appear in person at the University	y of Houston-Victoria to verify your identi	ty, you must provide:
(a) A copy of the valid unexpired government-is that is presented to a notary, such as, but not limit		
(b) The original Statement of Educational Purpo a separate page than the Statement of Educational was the document notarized.	al Purpose, there must be clear indication to	
	nent of Educational Purpose	
I certify that I(Print Student's Name)		am the individual signing this
Statement of Educational Purpose and that t for educational purposes and to pay the cost	he Federal student financial assistance I m	ay receive will only be used
(Student's Signature)	(Student ID Number)	(Date)
Ŋ	tary's Certificate of Acknowledgement Jotary's certification may vary by State	
City/County of		
On	hefore me	
(Date)	, before me,(Notary's nam	e)
personally appeared,		, and proved to me
(Printed name		
on basis of satisfactory evidence of	(Type of government-issue	ed photo ID provided)
to be the above-named person who	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ou photo 12 provided)
WITNESS my hand and offici	al seal	
(seal)		
	(Notary signatu	ure)
My commission expires on		
	(Date)	-

or

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E. <u>CERTIFICATIONS AND SIGNATURES:</u>

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent (if dependent) whose information was reported on the FASFA must sign and date.

WARNING: If you purposely give false or misleading information regarding eligibility for Federal or State aid, you may face fines, jail terms, or both.

Signature of Student:	Date:
Signature of Spouse (Optional):	Date:
Signature of Student's Parent:	Date:

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.

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