

2013-2014 Verification Work Sheet

Student's Name:	Student ID: G000			
SSN:		Check One:	□□ New Studer	nt
Your application was selected for revie from your application with this worksh information before awarding federal aid will require us to make corrections. Ple Office of Scholarships and Financial	eet and r d. Any di ease com	equested documentation ifferences between your plete this form, attach	. The law says wapplication inforthe appropriate	we have the right to ask you for this rmation and your financial documents documentation, and return it to the
Processing	of your a	aid will be delayed if y	ou leave ANY	section blank.
<u>S</u>	SECTIO	N A: HOUSEHOLD	INFORMATIO	<u>ON</u>
do not live with you, and	u have or ide more with you, from Julor any ho	than half of their support and you provide more the ly 1, 2013 through June	nt from July 1, 20 han half of their 30, 2014.	013 through June 30, 2014, even if the support and will continue to provide at least half time between July 1, 2013
Name of family member	Age	Relationship		College or University
Martha Jones (example)	24	Wife		Central University South Texas College of Law
Check one box below. Check here if you used the IRS data Check here and attach a signed to the IRS data Check here and attach a signed to the IRS data Check here and attach a signed to the IRS data To request an official 2 may call 1-800-908-9946 to the image of the image	S data real a retrieval copy of 012 For or requestable.) In was filed a joust be attained a too was been with the course of the	It tool you will not need your (and your spouse's m 4560T-EZ IRS tax rest a transcript online at weed, you must submit copoint return, and are now sached. The same of the sa	to submit an IRS s) IRS tax return transcript www.irs.gov. (Considered for the tax separated, you make Form 4868 quired to file a 2 separated to file a 2	
Sources			2012 Income \$	
				\$

Student's Name:		Student ID: G000				
	SECTION C: FOOD STAM	P VERIFICATION				
	SNAP – Supplemental Nutrition	on Assistance Program				
Check one box b	elow.					
	aber of your household receive Food Stamps in 2 If you answered YES, please provide documenta member of your household received benefits in 2	ation from the food stamp issuing agency s	showing that			
	SECTION D: CHILD S	UPPORT PAID				
Check one box b	elow.					
requirement in 20 Yes - 1 P heck	If you answered YES, please provide information Please list the 2012 yearly dollar amount paid Name of the child support recipient:	n below. for child support: \$ port has been paid:	of a legal			
	Name: Name: Name:	Age:				
□ No	Tunes					
	SECTION E: STATEMENT (
WARNING: I	Signing this form certifies that all stated if you purposely give false or misleading information on	•	ail, or both.			
Student's Signat	ure Date					

PLEASE RETURN TO: South Texas College of Law, Office of Scholarships and Financial Aid, Room 246, 1303 San Jacinto Street, Houston TX 77002

Fax 713-646-1823

faid@stcl.edu