

# Financial Aid Office

## 2020-2021 VERIFICATION WORKSHEET

### Federal Student Aid Programs

V4

Your application was selected for review in a process called "Verification". In this process, the financial aid office will compare information from your FAFSA with your **2018** IRS tax information. The law gives the college the right to ask you for this information before awarding Federal aid. If there is a difference between your FAFSA and IRS tax information, the college will make the correction electronically.

Complete this verification form and submit it to your financial aid administrator as soon as possible. The financial aid office cannot process your application without this information.

#### ❖ Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Social security number \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Phone number (include area code) \_\_\_\_\_ Student ID number \_\_\_\_\_

☐ **Dependent Student\***

**\*A student is considered dependent if he/she was required to provide parental information on the FAFSA.**

☐ **Independent Student\*\***

**\*\*A student is considered independent if he/she was not required to provide parental information on the FAFSA.**

#### ❖ Food Stamps Verification

In 2018 or 2019, did you, your parents, or anyone in your/parents household receive Food Stamps? ☐ Yes ☐ No

**Note:** If we have reason to believe that the information regarding the receipt of Food Stamp benefits is inaccurate, we may require documentation from the agency that issued the Food Stamp benefit in 2018 or 2019.

#### ❖ Child Support Paid

If you, your parents(s), or spouse indicated that child support was **paid** on the FAFSA, please complete the information below.

Name of Person Who Paid Child Support	Name of Child	Age	Amount Paid in 2017	Name of Person/Agency Paid

#### ❖ Student – High School Completion Status

Check only one box below.

- ☐ I have a High School Diploma –
  - ☐ I am attaching a copy of High School Diploma
  - ☐ I am attaching a copy of my final Higher School transcript which includes that date I completed High School
- ☐ I have a GED
  - ☐ I am attaching a copy of my GED Certificate
  - ☐ I attaching a copy of my GED Transcript
- ☐ I received a State Certificate
  - ☐ I am attaching the certificate received after passing the state authorized examination
- ☐ I was Home Schooled
  - ☐ I am attaching a signed copy of my transcript or equivalent
- ☐ I have none of the above
  - ☐ I am attaching a signed statement from my High School stating I excelled academically
  - ☐ I am attaching documentation from a postsecondary institution stating I have met their formal written policies for admissions.

## ❖ Student – Identity Verification

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☐ I am appearing in person with my valid government-issued photo identification (driver's license, state identification card, or passport). Financial Aid office will make a copy.

☐ I am attaching a notarized copy of my valid government-issued photo identification (driver's license, state identification card, or passport).

## ❖ Student – Statement of Educational Purpose

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☐ I am appearing in person to sign the statement below. (**Must** sign statement in front of financial aid staff)

☐ I am unable to appear in person to submit the above statement and have had the statement notarized.  
(Community Colleges of Seattle does not reimburse for any fees associated in the notarizing process)

I, \_\_\_\_\_, certify the federal financial aid received will only be used for educational purposes to pay the cost of attending:

☐ Seattle Central College  
1701 Broadway Seattle, WA 98122

## ❖ Sign the Worksheet

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Each person signing this form certifies that all the information reported on it is complete and correct. The student and at least one parent must sign and date. If married the spouse's signature is optional.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Spouse

\_\_\_\_\_  
Date

*Notary use only \* **must mail original document** – can not receive by fax or email.*

SUBSCRIBED AND SWORN before me this  
\_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_

I certify that I know or have satisfactory evidence that

\_\_\_\_\_  
Financial Aid Staff

\_\_\_\_\_  
Date