

2016-2017-V4 Custom Verification Group Form



Student's Name _____ Banner ID _____

You have been selected to verify the receipt or non-receipt of Food Stamps or Supplemental Nutrition Assistance Program (SNAP), if reported on the FAFSA, for any member of your household ANYTIME 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 1-800-4FEDAID.

Please check one:

___ I received SNAP benefits during 2014 or 2015. **I have attached documentation from the agency that issues the Food Stamps/SNAP food benefits to verify these benefits. If an Ohio resident, use the ODJFSBenefits.ohio.gov website to verify benefits received in 2014/2015 or contact your social worker.**

___ My parents received SNAP benefits during 2014 or 2015. **We have attached documentation from the agency that issues the Food Stamps/SNAP food benefits to verify these benefits. If an Ohio resident, use the ODJFSBenefits.ohio.gov website to verify benefits received in 2014/2015 or contact your social worker.**

___ Another member of my family received SNAP benefits during 2014 or 2015.

Please name family member _____

Name the beneficiary of these benefits _____

We have attached documentation from the agency that issues the Food Stamps/SNAP food benefits to verify these benefits. If an Ohio resident, use the ODJFSBenefits.ohio.gov website to verify benefits received in 2014/2015 or contact social worker.

___ No one in my household received SNAP benefits during 2014 or 2015. If I erroneously marked YES on the FAFSA, I give JCU permission to correct my 2016-2017 FAFSA.

You have also been selected to verify the amount of child support you paid for your children NOT LISTED IN YOUR HOUSEHOLD ON THE FAFSA, if reported on the FAFSA. Please complete the questions below:

Was child support paid in 2015 on behalf of any child **not** living in your home? Yes No

If yes, how much did you pay 2015 \$ _____

	<u>Name</u>	<u>Age</u>
List the child(ren) for whom this support was paid and their age:	_____	_____
	_____	_____

Name of person to whom child support was paid _____

Name of person who paid child support _____

In addition you must submit one of the following:

1. A statement from the County Agency showing the amount of child support received in 2015 **(01/01/2015-12/31/2015)**.
2. End of year **2015 pay stub** from parent who PAID support showing amount withheld, do not include alimony.

List the people that were included on the household size form when completing the FAFSA

NAME	AGE	RELATIONSHIP TO JCU STUDENT
1.		SELF
2.		
3.		
4.		
5.		
6.		

You must also provide one of the following documents that indicate the student's high school completion status when the student will begin college 2016-2017.

- (a) A copy of the student's high school diploma.
- (b) A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- (c) A copy of the student's General Educational Development (GED) certificate or GED transcript
- (d) An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- (e) 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
- (f) 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 guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.



CERTIFICATION

Must be signed by hand in ink

By signing this certification, I/we confirm that all information reported on this Verification Form in support of the student's application for financial assistance is complete and correct. If dependent, at least one parent must sign.

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

Student Signature

Date

Parent Signature (dependent students only)

Date

Student's E-mail Address

Parent's E-mail Address

You must also document your identity and complete the Statement of Educational Purpose

Identity and Statement of Educational Purpose

TO BE SIGNED AT THE INSTITUTION

The student must appear in person at John Carroll University 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. The institution 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 institutional official, the following;

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 John Carroll University for the 2016-2017.

(Student's Signature)

(Date)

(Student's ID Number)

John Carroll University official collecting the documentation _____

Date _____

Please make sure the driver's license, government issued ID or passport is not expired.