V4 SNAP/CS INDEPENDENT

FINANCIAL AID

2013-2014 Receipt of SNAP Benefits

Your 2013-2014 Free Application for Federal Student Aid (FAFSA) was selected for review by the Department of Education in a process called verification. The law states that before you are awarded Federal Student Aid, you will be required to confirm information you reported on your FAFSA. To verify that the information submitted is correct, you will need to complete the following application and provide any additional documentation requested. If there are differences in the data provided, your FAFSA may need to be corrected by Albany State University. You must complete and sign this worksheet and attach any supporting documentation.

Student's Name: _____ _____ _____ RamID#/Last 4 of your SSN: _____
Last First MI

Demographic Information

1. Date of Birth: _____/_____/_____

2. Permanent Street Address: _____

3. Permanent City: _____ 4. State: _____ 5. Zip: _____

6: Permanent Phone#: ( ) _____ - _____ 7. Mobile Phone#: ( ) _____ - _____

8. Email Address: _____ 9. Alternate Email Address:_____

Please verify that a member of your household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2011 or 2012. 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).

Your household included:

- Yourself
- Your spouse, if you are married
- You and your spouse's children if the student or spouse will provide more than half of their support from July 1, 2013, through June 30, 2014, even if the children do not live with you and your spouse.
- Other people if they now live with you and your spouse and you and your spouse provided more than half of their support and will continue to provide more than half of their support through June 30, 2014.

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 issues the SNAP benefits in 2011 or 2012.

1. SNAP Benefits Received

Annual Amount	
$	Federal program benefits received such as Supplemental Nutrition Assistance Program (formerly TANF).

<OVER>

ALBANY STATE UNIVERSITY • 504 COLLEGE DRIVE • ALBANY GEORGIA 31705
TELEPHONE (229) 430-4650 • FAX (229) 430-3936 • EMAIL: IFINAID@ASURAMS.EDU

V4 SNAP/CS INDEPENDENT

Albany State University

FINANCIAL AID

2013-2014 Child Support Paid

You or your spouse paid child support in 2012. 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 2012 for each child. If more space is needed, provide a separate page that includes the student's name and ID number at the top.

1. Child Support Paid

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 2012
Martha Jones (example)	Jane Doe	Marty Jones, Jr.	$6,000.00

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.

2. Sign this Verification Worksheet

By signing this Verification Worksheet, I certify that all of the information reported on this worksheet is complete and correct.

Warning: If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

_____

Student's Signature **(Required)** Date

THIS DOCUMENT IS CONSIDERED INCOMPLETE AND CAN NOT BE PROCESSED WITHOUT COMPLETING ALL REQUIRED FIELDS INCLUDING SIGNATURE(S).

ALBANY STATE UNIVERSITY • 504 COLLEGE DRIVE • ALBANY GEORGIA 31705
TELEPHONE (229) 430-4650 • FAX (229) 430-3936 • EMAIL: IFINAID@ASURAMS.EDU