

2016-2017 Verification Worksheet CUSTOM VERIFICATION (V-4)

Instructions: Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we must verify certain information you reported on your FAFSA.

Please complete sections A through D of this worksheet. Once you come to section E, please stop and bring your worksheet to the Financial Aid Office for final completion. You may submit this worksheet in ONE of the following ways:

- In Person: The Pomona Financial Aid Office is located in the Student Services Center on the 2nd Floor. The Lebanon Office is located on the second floor in room 253.
- Mail ONLY IF you're unable to appear in person (please read instructions in Section E): POMONA CAMPUS: WesternU
 Financial Aid Office 309 E. Second St, Pomona, CA 91766; LEBANON CAMPUS: WesternU Financial Aid 200 Mullins Drive,
 Lebanon OR 97355

Student's Last Name	Student's First Name	Student's M.I.	Student's ID Number
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B. Independent Student's Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide **more than half of their support** from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide **more than half of their support** and will continue to provide more than half of their support through June 30, 2017.

Include the name of the college for any household member who will be enrolled <u>at least half time</u> in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017. *If more space is needed, attach a separate page with your name and ID Number at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
EXAMPLE: Marty Jones	28	Wife	Central University	Yes
		Self		

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<u>C</u> .	C. Independent Student's Other Information to Be Verified				
1		ne in the student's household (listed r SNAP (formerly known as food s			
	☐ Not Applicable				
	One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.				
2	2. Complete this section if you or your spouse, if married, paid child support in 2015.				
	☐ Not applicable				
ĺ	indicated below the support was paid, amount of child su	ried my spouse who is listed in Section name of the person who paid the the names and ages of the children apport that was paid in 2015 for each child support. If you need more spot.	child support, the name of the per for whom child support was paid, ch child. If asked by my school, I w	rson to whom the child , and the total annual will provide documentation	
	Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Ages of the Children for Whom Child Support was Paid	Amount of Child Support Paid in 2015	
	EXAMPLE: John Doe	Mary Smith	Jane Doe – 14 years old	\$6,000.00	
<u>D</u> .	<u>D.</u> Verification of Academic Completion				
	Instructions: Check the box th	at applies and submit the document	tation requested, if applicable.		
	I, the student, have a Bachelor's	s Degree (or higher), which may be	e verified through the Admissions	Office.	
	I, the student, do not have a Bachelor's Degree, but I have successfully completed at least a two year program, which may be verified through the Admissions Office.				

Student's Name:

ID#: _____

O Alternative documentation, if none of the above is applicable

as the equivalent of a high school diploma

A copy of the student's high school diploma; or final high school transcript
 A copy of the student's GED certificate; or a copy of the student's GED transcript

equivalent. Please submit one of the following:

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O A copy of the certificate the student received after passing a state authorized examination which the state recognizes

I, the student, do not have a Bachelor's Degree or a two year program degree, but I do have a high school diploma, or

Student's Name:	ID#:
E. Identity/Statement of Educational Purpose ar	nd Signature (To Be Signed at WesternU – FA Office)

Instructions: PLEASE TAKE THIS FORM TO THE FINANCIAL AID OFFICE IN PERSON* with a valid government-issued identification including but not limited to a driver's license, State Issued ID Card, military identification, or passport to

sign in person	with a	financial	aid ad	ministrator.



I certify that I	Please comple	ete the following state	ment in the box below in front of a Financial	al Aid Administrator (or notary public):
(Print Student's Name) this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Western University of Health Sciences (Name of Postsecondary Educational Institution) WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. I certify that all of the information reported on this application is complete and correct. Student's Signature Date If you are unable to appear in person, please complete the following: 1. Take this form to a notary public to complete the statement in the box above. Be sure to have your ID present to sign and do this form in person. Have this document notarized by the notary public and 2. Make a copy of a valid government-issued photo identification, including but not limited to a driver's license, State Issued Card, military identification, or passport; and 3. Mail the completed notarized form and the copy of your valid government issued ID to your campus' Financial Aid Office POMONA CAMPUS: WesternU Financial Aid Office 309 E. Second St, Pomona, CA 91766; LEBANON CAMPUS: WesternU Financial Aid 200 Mullins Drive, Lebanon OR 97355. We cannot accept faxed or emailed copies. It must be mailed to our office. Note: We may require additional documentation if we have reason to believe that the information provided is inaccurate or incomplete. You should make a copy of this worksheet for your records.				
this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Western University of Health Sciences [Name of Postsecondary Educational Institution] WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. I certify that all of the information reported on this application is complete and correct. Student's Signature Date If you are unable to appear in person, please complete the following: 1. Take this form to a notary public to complete the statement in the box above. Be sure to have your ID present to sign and defining this point in person. Have this document notarized by the notary public and 2. Make a copy of a valid government-issued photo identification, including but not limited to a driver's license, State Issued Card, military identification, or passport; and 3. Mail the completed notarized form and the copy of your valid government issued ID to your campus' Financial Aid Office POMONA CAMPUS: WesternU Financial Aid Office 309 E. Second St, Pomona, CA 91766; LEBANON CAMPUS: WesternU Financial Aid Office 309 E. Second St, Pomona, CA 91766; LEBANON CAMPUS: WesternU Financial Aid 200 Mullins Drive, Lebanon OR 97355. We cannot accept faxed or emailed copies. It must be mailed to our office. Note: We may require additional documentation if we have reason to believe that the information provided is inaccurate or incomplete. You should make a copy of this worksheet for your records.	1 certify	y mat 1	(Drint Student's Name)	ani the individual signing
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