



Financial Assistance and Planning Office, Federal School Code: 003280

2015-2016 (V4) VERIFICATION – CUSTOM GROUP

Your 2015–2016 Free Application for Federal Student Aid (FAFSA) was selected for Custom Verification Group. Incomplete forms will be returned for completion which will **DELAY** the processing of your financial aid.

IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

Last Name	First Name	Social Security Number	Student ID
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EITHER:

- The student must appear **IN PERSON** at Keystone College Financial Aid Office to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, or other state-issued ID, or passport. Keystone College 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 Keystone College authorized to collect the student's ID. In addition, the student must sign, in the presence of Keystone College's financial aid official, the **Statement of Educational Purpose** below.

OR:

- If the student is unable to appear in person at the Keystone College Financial Aid Office to verify his or her identity, the student must provide:
 - A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport; **AND**
 - The **original** notarized **Statement of Educational Purpose** provided below. **Faxes and scanned copies are NOT acceptable.**

Statement of Educational Purpose

I certify that I _____ am the individual signing this
Print Student's Name

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for education purposes and to pay the cost of attending Keystone College for 2015-2016.

Student Signature _____

Date _____

Notary's Certification of Acknowledgement (only needed when student is unable to appear in person at Keystone College)

State of _____ City/County of _____

on _____, before me _____

personally appeared, _____, and provided me on basis of satisfactory evidence
of identification _____

Type of government-issued photo ID provided to be the above-named person who signed the foregoing instrument

Witness my hand and official seal _____ Seal

My Commission expires on (date) _____

For Office Use Only: Attach photocopy of ID after verifying identity.

Document Used _____ Document Expiration Date _____

Date Received _____ Keystone College Official _____



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SNAP BENEFITS

Last Name	First Name	Social Security Number	Student ID
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If you are a **Dependent Student**, this form pertains to **your parent's household**, which includes:

- Yourself, your Parent(s) and step-parent(s) even if you do not live with your parents.
- Your parents' dependent children, if your parents will **provide more than half of their support from July 1, 2015 and June 30, 2016 even if they do not live with them.**
- Other people if they now live with your parents, your parents provide **more than half of their support and will continue to do so between July 1, 2015 and June 30, 2016.**

If you are an **Independent Student**, this form pertains to **your household**, which includes:

- Yourself and your spouse, if married
- Your dependent children, if you will **provide more than half of their support from July 1, 2015 and June 30, 2016 even if they do not live with you.**
- Other people if they now live with you, you provide **more than half of their support and will continue to do so between July 1, 2015 and June 30, 2016.**

Has at least one member in the student's or student's parent's household as defined above received benefits from the Supplemental Nutrition Assistance Program or SNAP any time during the 2013 or 2014 year?

STUDENT

☐

YES

☐

NO

PARENT

YES

NO

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 issued the SNAP benefits in 2013 or 2014.

CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. If asked, you will agree to provide information that will verify the accuracy of information provided. The secretary of education has the authority to verify information reported on the FAFSA with the IRS and other agencies. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

(Parent signature required for **dependent** students)



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CHILD SUPPORT

CHILD SUPPORT PAID – YEAR 2014

Did you or your parent/step-parent **PAY** child support in 2014? ☐ Yes ☐ No

If “YES”:

- In the space provided below, indicate the name of the person who paid child support, the name of the person who received the support, the names and ages of the child/children for whom support was paid and the annual amount for each child.*

Example

Name of Person Who Paid Child Support	Name of Person who Received Child Support	Name and Age of Child for Whom Support was Paid	Annual Amount paid in 2014:
Robert Smith	Nancy Smith	Kenneth Smith 10	\$6,000.00
1.			
2.			
3.			
4.			

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

CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. If asked, you will agree to provide information that will verify the accuracy of information provided. The secretary of education has the authority to verify information reported on the FAFSA with the IRS and other agencies. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

(Parent signature required for **dependent** students)