



HOLMES
COMMUNITY COLLEGE

Office of Financial Aid	FORM – 17V4D
2016/2017	
Dependent Child Support and SNAP Verification Worksheet	

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 may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student’s Information

Student’s Last Name	First Name	M.I.	Holmes ID Number
Student’s Street Address (include apt. no.)			Student’s Phone Number (include area code)
City	State	Zip Code	

B. Child Support Paid

One of the parents included in the household or the student paid child support in 2015. 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 2015 for each child. **Do not include child support received.**

If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

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 2015

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 receipt.

C. SNAP Benefits Received

The parent(s) certifies that a member of the parent’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime 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 1-800-4FED-AID (1-800-433-3243).

The parent’s household includes:

- The student.
- The parents (including step parents) even if the student doesn’t live with the parents.
- The parent’s other children if the parents will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the student and the student or parent provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

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 2014 or 2015.

_____ I certify that myself or someone in my household received SNAP benefits.

_____ I certify that no one in my household received SNAP benefits.

D. Certification and Signature: WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, and/or removed from school.

Each person signing below certifies that all of the information reported is complete and correct.

Print Student’s Name

Holmes ID Number

Student’s Signature
no electronic signature, must be original

Date

Parent’s Signature
no electronic signature, must be original

Date

Return this form and all requested documentation by one of the following means: take to your campus Financial Aid Office, mail to Financial Aid Office, P O Box 216, Goodman, MS 39079, fax to 662-472-9170 or email to gmuse@holmescc.edu.