



INDEPENDENT VERIFICATION 4 DOCUMENT

Your 2017–2018 Free Application for Federal Student Aid (FAFSA) was selected for verification. Federal regulations require Coker College to request and verify information before awarding federal aid. The information submitted will be compared to your FAFSA information. If corrections are needed based upon the information submitted, the Office of Student Financial Planning (OSFP) will submit electronic corrections and the FAFSA processors will email you an updated student aid report. Contact your student financial planning counselor if you have questions. Complete and submit this verification form along with signed copies of financial documents to the Office of Student Financial Planning. Your financial aid will not be processed until all requested information has been received.

A. Student’s Information

Last name	First Name	M.I.	Student ID Number
Street Address (include apt. no.)			Date of Birth
City	State	Zip Code	Home Phone Number with Area Code
Email Address			Cell Phone Number with Area Code

B. Student’s Family Information

List below the people in your household. Include:

- Yourself and your spouse or significant other
- Children and stepchildren if you or your spouse/significant other will provide more than half of their support from July 1, 2017 through June 30, 2018, even if the children do not live with the student
- 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, 2018.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2017, and June 30, 2018. *If more space is needed, attach a separate page with your name and Social Security Number or Student ID # at the top.*

Full Name	Age	Relationship	College	Enrolled at least half-time?
		<i>Student</i>	<i>Coker College</i>	

Student Name: _____ **Student ID#:** _____

C. Student’s Other Information to be Verified

- The student certifies that _____, a member of the student’s household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2015 or 2016. The student’s household includes: the student; children if the parents will provide more than half of the children’s support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017–2018. 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 parents and the parents provide more than half of the other people’s support and will continue to provide more than half of their support through June 30, 2018. Note: We may require documentation from the agency that issued the SNAP benefits in 2015 or 2016.

SIGN here if NO ONE in the household received SNAP benefits in 2015 and 2016: _____

- Complete this section if the student, student’s spouse, or student’s significant other *paid* or received child support in 2016. Provide yearly amount of support paid. *We reserve the right to request: a copy of child payment checks, money order receipts, or records of electronic payments.*

Name of Person that Paid Child Support	Name of Person that Received Child Support	Name of Child for Whom Support was Paid	Child’s Age	Support Paid

SIGN: I certify that I paid the child support referenced above: _____
Signature of Person(s) who paid child support

D. High School Completion Verification – Provide one of the following documents.

- Copy of high school diploma
 - Copy of GED certificate
 - Copy of final high school transcript showing graduation date
- If you do not have one of the above items, contact your Student Financial Planning Counselor.

Check whether the document is included with this document. Yes _____ No _____

E. Complete and submit the “Identity and Statement of Educational Purpose” Document.

(This line to be completed by OSFP Counselor. OSFP Counselor received document? _____Yes _____No)

F. Certification and Signature

I certify that all of the information reported on this document is complete and correct. The student and parent must sign this document.

 Student Signature Date

 Spouse Signature (Optional, unless Requested by OSFP) Date

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