## PEPPERDINE SCHOOL OF PUBLIC POLICY

## 2018–2019 V1 Standard Verification Worksheet Independent Student

Your 2018–2019 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 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.

Section	1	- S1	tude	ent's	Info	rmation
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Student's Last Name	First Name	M.I.	Campus Wide ID (CWID)
Student's Street Address (i	include apt. no.)	Student's Date of Birth	
City State Zip Code			Student's Email Address
Student's Home Phone Nu	mber (include area o	code)	Student's Alternate or Cell Phone Numb

## Section 2 - Student's Family Information

In the table below list the people in your household. Include:

- Yourself.
- Your spouse, if you married.
- Your children if you or your spouse will provide more than half of their support from July 1, 2018, through June 30, 2019, even if the children do not live with you.
- Other people if they now live with you and you or your spouse provides more than half of your support and will continue to provide more than half of your support through June 30, 2019.

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2018, and June 30, 2019, include the name of the college. If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self	Pepperdine University	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Student's Name:	CWID						
Section 3 - Receipt of SN	NAP Benefits						
In 2015 or 2016, did you or any Program (SNAP) benefits, prev			n 2 rece	ive Supplemental Nutrition	Assistance		
□ No							
<b>Note:</b> If we have reason to believe require documentation from the					rate, we may		
Section 4 - Child Suppor	rt Paid						
Did you or your spouse (if marr	ried) pay child support is	n 2016?					
□ No							
If yes, please, provide the follow If more space is needed, provide a		the student's no	ame 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 Suppor Was Paid		Amount of Child Support Paid in 2016	
<ul> <li>A statement from the indiv</li> <li>Copies of the child support</li> </ul>	greement or divorce dec idual receiving the child t payment checks or mod	eree that shows I support certij	s the am fying the	ount of child support to be	provided;	!	
Section 5 - Certifications	s and Signatures			WARNING: If you purpose misleading information you be sentenced to jail, or both	ı may be fined,		
Each person signing below cert information reported is completed							
Print Student's Name		Campus	Wide ID	O (CWID)			
Student's Signature (Required)		Date	Date				
Spouse's Signature (Optional)		Date					

Submit this completed & signed document to the Financial Aid Office via fax to: 310-506-7494 or email to: christopher.j.jones@pepperdine.edu