



Independent Student 2017-2018 Verification Certifications SNAP Benefits and Child Support Paid

RECEIPT OF SNAP BENEFITS -

Complete this section if someone in the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (former known as food stamps) any time during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name of benefit used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's 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 the student and the student or spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.

I certify that _____, a member of my household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. If my school has reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, I will be required to provide documentation from the agency that issued the SNAP benefits in 2014 or 2015.

CHILD SUPPORT PAID -

Complete this section if you and/or your spouse paid child support in 2015.

I certify that the student or spouse, who is a member of the student's household, **paid child** support in 2015. I have provided 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**. If my school has reason to believe that the information regarding the child support paid is inaccurate, I will be required to provide additional documentation.

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	Age of Child	Amount of Child Support Paid in 2015
Total Amount of Child Support Paid in 2015				\$

CERTIFICATION AND SIGNATURES

I certify that all of the information reported on this worksheet is complete and correct. **WARNING:** if you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Student ID #

Spouse's Signature (optional)

Date

Return to: Texas Woman's University
Financial Aid Office
P.O. Box 425408
Denton, TX 76204-5408
Fax: 940-898-3068