VWI4E

Financial Aid Office 115-090 Campus Box 4 13300 W. 6th Ave. Lakewood, CO 80228-1255 Phone: 303-914-6256 Fax: 303-914-6805 Email: <u>finaid@rrcc.edu</u> www.rrcc.edu/finaid



OFFICE USE ONLY:

Certifying Staff Member Signature/Date

2013 - 2014 INDEPENDENT VERIFICATION WORKSHEET #4

Verification is the process by which your school's Financial Aid Office will compare the information on this worksheet with the information you reported on your FAFSA application.

Make certain your (student) name and # are on all pages. For items that do not apply, please mark N/A or enter a zero.

****THIS FORM MUST BE EITHER NOTARIZED OR COMPLETED IN THE PRESENCE OF A FINANCIAL AID OFFICER.****

Student Name:

___ Phone Number: ____

Student ID: S#

CCCS EMAIL:

Section 1: Verification of SNAP Benefits

On the 2013-14 FAFSA, you indicated that a member of your household received benefits from the Supplemental Nutritional Assistance Program (SNAP), also known as food stamps. The Department of Education has asked us to verify your receipt of these benefits. Please indicate below:

In 2011 OR 2012, did you or anyone in your household receive assistance from food stamps (SNAP)?

- No, I did not receive any benefits from the Supplemental Nutritional Assistance Program (SNAP) in 2011 or 2012.
- Yes, I and/or a member of my household received food stamps (SNAP) in 2011 and/or 2012.

Name of Primary Recipient

Age

Relationship to Student

Section 2: Student/Spouse Household Information

- Yourself (STUDENT) and your spouse if you are married.
- Your dependent children (generally those born after January 1, 1989, and who are unmarried) if you will provide more than half of their support through June 30, 2014. Include those dependent children for whom you are required to provide parental data when they apply for financial aid.
- 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, 2014.

FULL NAME	AGE*	RELATIONSHIP TO STUDENT	COLLEGE ATTENDING between July 1, 2013 and June 30, 2014. Must be enrolled in 6 or more credits and pursuing a degree or certificate. Do not list college for parents.
STUDENT		SELF	Red Rocks Community College

Section 3: Child Support Paid

Complete this section if student or spouse paid child support in 2012.

Name of Person		Name of Person	Amount of Child
Who Paid		to Whom	Support Paid in
Child Support	Name of Child	Child Support was Paid	2012

Student	Name:	

Student ID: S

Section 4: Proof of High School Completion

Please include a copy of proof that you have completed either a high school degree, a GED, or a two-year college degree program. Acceptable documentation are as follows:

- High School Diploma
- High School Transcript
- GED Certificate

- College Transcript
- Other _____

Section 5: Verification of Identity and Statement of Educational Purpose

The student must appear in person at the Office of Financial Aid at Red Rocks Community College to sign their Α. Educational Statement of Purpose and to present proof of their identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport.

Type of ID presented:

- Driver's License
- É State Identification Card
- Passport
 Passport

Military Identification Card

- Other
- B. In addition to presenting an I.D., the student must sign, in the presence of the financial aid officer, the following:

I certify that I	am the individual signing this Statement of Educational Purpose
(Student's Printed Name)	
and that the federal student financial assistance I	may receive will only be used for educational purposes and to pa

pay the cost of attending Red Rocks Community College for the 2013-2014 school year.

Student Signature

Date

C. If you are unable to appear in person at the Office of Financial Aid at Red Rocks Community College, then you must sign this form in the presence of a notary.

Notary's Certificate of Acknowledgement

State of			
City/County of			
On	, before me,		/
(Date)		(Notary's r	name)
personally appeared			and proved to me
	(Printed nar	me of signer)	
on basis of satisfactory e	evidence of identification		
		(Type of govern	nment-issued photo ID provided
to be the above-named WITNESS my ha	nd and official seal	5	
		My commissio	on expires on
(Notan	y Signature)		(Da

t.