Your 2015-2016 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.

Student Name: ___________________________ PCCC ID ______________________

A. Report Child Support Paid to Another Household only if it applicable to your household:
The student or spouse, who is a member of the student’s household, paid child support in 2014. 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 amount of child support that was paid in 2014 for each child.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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 check or money order receipts.

B. Report Supplemental Nutrition Assistance Program (SNAP) Benefits Verification only if you or someone in your household received benefits. Complete this section if you, the student, certify that a member of your parent’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 or 2014.
One of the persons listed below received SNAP benefits in 2013 or 2014.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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 2013 or 2014.
C.  **Identity and Statement of Educational Purpose, to be signed at Passaic County Community College**

You, the student, must appear in person at Passaic County Community College to verify your 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. Passaic County Community College will maintain a copy of your photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student’s ID.

In addition you, the student must sign, in the presence of the institutional official, the following English or Spanish Statement:

**Statement of Educational Purpose**

I certify that I ____________________________ am the individual signing this

(Print Student’s Name)

**Statement of Educational Purpose** and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Passaic County Community College for 2015-2016.

____________________________________      _____________________________
(Student’s Signature)                        (Date)

**Declaración de Propósito Educativo**

Certifico que yo, ____________________________, soy el individuo que firma esta

[Imprimir su Nombre]

**Declaración de Finalidad Educativa** y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Passaic County Community College para 2015-2016.

____________________________________      ________________________________
[Firma del Estudiante]                        [Fecha]