PEPPERDINE UNIVERSITY Graziadio School of Business and Management

2016–2017 V5 Aggregate Verification Worksheet Independent Student

Your 2016–2017 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 - Student's Information

 Student's Last Name
 First Name
 Campus Wide ID (CWID)

 Student's Street Address (include apt. no.)
 Student's Date of Birth

 City State Zip Code
 Student's Email Address

 Student's Home Phone Number (include area code)
 Student's Cell Phone Number

Section 2 - Student's Family Information

In the table below list the people in <u>your household</u>. 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, 2016, through June 30, 2017, 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, 2017.

For any household member who will be enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, 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.

Section 3 - Receipt of SNAP Benefits

Did you or anyone in your household receive benefits from Supplemental Nutrition Assistance Program (SNAP), previously called Food Stamps sometime during 2014 or 2015?

Yes
No

If answered "Yes" list the name of the person who received SNAP benefits _

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 2014 or 2015.

Section 4 - Child Support Paid

Did you or your spouse (if married) pay child support in 2015?

Yes

🗌 No

If yes, please, provide the following information:

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

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 signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts, or similar records of electronic payments having been made.

Section 5 – Signature(s) Required

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

Each person signing below certifies that all of the Information reported is complete and correct. The student must sign and date.

Print Student's Name

Campus Wide ID (CWID)

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

Section 6 – Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at <u>Pepperdine University</u> to verify his or her 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. The institution will maintain a copy of the student's 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, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at <u>Pepperdine University</u> to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _______am the individual signing this *Statement of Educational* (Print Student's Name) *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 <u>Pepperdine University</u> for 2016-2017.

Date					
Administrator if submitting in person:					
Financial Aid Officer Title					
Date					
f submitting by mail:					
State of City/County of					
ne					
(Notary's name)					
personally appeared,(Printed name of signer)					
dentification					
signed the foregoing instrument. al					
(Notary signature) My commission expires on					
	Administrator if submitting in person: Financial Aid Officer Title Date f submitting by mail: City/County of				

Send completed and signed document to gsbmfinancialaid@pepperdine.edu or via fax to (310) 568-2364