

## **Tysons Campus**

8620 Westwood Center Dr. Vienna, VA 22182 Tel. 703-206-0508 Fax. 703-206-0488

## 2023-2024 V4 Independent Custom Verification Worksheet

Your 2023–2024 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, Columbia College Office of Student Financial Aid (CC OSFA) may ask you to confirm the information you (and your spouse, if married) reported on your FAFSA. To verify that you provided the correct information, CC OSFA will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You (and your spouse, if married) whose information was submitted on the FAFSA, must complete and sign this worksheet, attach any required documents, and submit this form and the required documents to CC OSFA. After a review of the information you submit, the CC OSFA may still ask for additional information. If you have questions about verification, contact the CC OSFA as soon as possible so that the processing of your financial aid will not be delayed.

child support and the name of the person to whom the child support was paid, the name(s) and age (s) of the children for who support was paid, and the total annual amount of child support that was paid in 2021 for each child. If asked by the CC OSFA, need to provide additional documentation of the payment of child support. If you need more space, attach a separate sheet of the payment of child support. If you need more space, attach a separate sheet of the child support was paid.  Name of person who paid child support was paid	. Student's Information								
StreetAddress(includeapt. #)  DateOf Birth(MM/DD/YYY  City State ZipCode Primary Phone  EmailAddress  Student's Other Information to Be Verified  1. Complete this section if the member(s) in your household (listed in Section B) received benefits from the Supplemental Nut Assistance Program (SNAP) or food stamps any time during the 2021 or 2022 calendar years.  *SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AlD(or 1-800-433-3243).  Indicate the total amount of SNAP benefits received in 2020 and/or 2021 for any member of your household:  \$					XXX	-XX-			
City State ZipCode Primary Phone  EmailAddress  Student's Other Information to Be Verified  1. Complete this section if the member(s) in your household (listed in Section B) received benefits from the Supplemental Nut Assistance Program (SNAP) or food stamps any time during the 2021 or 2022 calendar years.  *SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AlD(or 1-800-433-3243).  Indicate the total amount of SNAP benefits received in 2020 and/or 2021 for any member of your household:  \$	LastName	MiddleInitial	First Name			SocialSecurit	y Number		
EmailAddress  Student's Other Information to Be Verified  1. Complete this section if the member(s) in your household (listed in Section B) received benefits from the Supplemental Nut Assistance Program (SNAP) or food stamps any time during the 2021 or 2022 calendar years.  *SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID(or 1-800-433-3243).  Indicate the total amount of SNAP benefits received in 2020 and/or 2021 for any member of your household:  \$	StreetAddress(includeapt. #)		<u> </u>		. ——	DateOf Birth(N	MM/DD/YYYY)		
Student's Other Information to Be Verified  1. Complete this section if the member(s) in your household (listed in Section B) received benefits from the Supplemental Nut Assistance Program (SNAP) or food stamps any time during the 2021 or 2022 calendar years.  *SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID(or 1-800-433-3243).  Indicate the total amount of SNAP benefits received in 2020 and/or 2021 for any member of your household:  \$	City	State	ZipCode			Primary	r Phone		
1. Complete this section if the member(s) in your household (listed in Section B) received benefits from the Supplemental Nut Assistance Program (SNAP) or food stamps any time during the 2021 or 2022 calendar years.  *SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID(or 1-800-433-3243).  Indicate the total amount of SNAP benefits received in 2020 and/or 2021 for any member of your household:  \$	EmailAddress								
Assistance Program (SNAP) or food stamps any time during the 2021 or 2022 calendar years.  *SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID(or 1-800-433-3243).  Indicate the total amount of SNAP benefits received in 2020 and/or 2021 for any member of your household:  \$	Student's Other Information to	Be Verified							
Note: If the CCOSFA has reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, additional documentation will need to be requested from the agency that issued the SNAP benefits in 2021 and/or 2022.  2. Complete this section if you (and/or your spouse, if married) paid child support in 2021:  I (and/or my spouse, if married) listed in Section B paid child support in 2021. I have indicated below the name of the person who child support and the name of the person to whom the child support was paid, the name(s) and age (s) of the children for who support was paid, and the total annual amount of child support that was paid in 2021 for each child. If asked by the CC OSFA, need to provide additional documentation of the payment of child support. If you need more space, attach a separate sheet of the person who paid child support was paid support was paid child support was paid child support support was paid support	Assistance Program (SNAP) or food stamps any time during the 2021 or 2022 calendar years.  *SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID(or 1-800-433-3243).								
Note: If the CCOSFA has reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, additional documentation will need to be requested from the agency that issued the SNAP benefits in 2021 and/or 2022.  2. Complete this section if you (and/or your spouse, if married) paid child support in 2021:  I (and/or my spouse, if married) listed in Section B paid child support in 2021. I have indicated below the name of the person who child support and the name of the person to whom the child support was paid, the name(s) and age (s) of the children for who support was paid, and the total annual amount of child support that was paid in 2021 for each child. If asked by the CC OSFA, need to provide additional documentation of the payment of child support. If you need more space, attach a separate sheet of child support was paid.  Name of person who paid child support was paid support was paid child support was paid child support.			2010 4 111 2020 4114,	or zozi for any memo	rer or your ne	ouserioid.			
documentation will need to be requested from the agency that issued the SNAP benefits in 2021 and/or 2022.  2. Complete this section if you (and/or your spouse, if married) paid child support in 2021:  I (and/or my spouse, if married) listed in Section B paid child support in 2021. I have indicated below the name of the person who child support and the name of the person to whom the child support was paid, the name(s) and age (s) of the children for who support was paid, and the total annual amount of child support that was paid in 2021 for each child. If asked by the CC OSFA, need to provide additional documentation of the payment of child support. If you need more space, attach a separate sheet of the child support was paid.  Name of person who paid child support was paid support was paid support was paid child support.			2022						
child support	documentation will need to be requested from the agency that issued the SNAP benefits in 2021 and/or 2022.								
	Name of person who paid	Name of po	erson to whom	Name of child for	whom	Age of	Amount of child		
Ex. Joe Jones Jane Doe Jake Jones 15				support was pa	aid	·	support paid in 2021		
	Ex. Joe Jones	Ja	ne Doe	Jake Jones	s	15	\$6,000		

dent Name	<b>:</b>						
High Sch	nool Completion Status						
You mus	umust provide one of the following documents to the CC OSFA in order to verify your high school completion.						
A cor	A copy of high school diploma or final official high school transcript that shows the date when the diploma was awarded.						
	te certificate or transcript received by the c, or other State-authorized examination	<b>State-authorized examination</b> (GED test, HiSET, equivalent of a high school diploma.					
	Academic transcript that indicates the student successfully completed <u>at least</u> a <b>two-year program</b> that is acceptable for full credit toward a <b>bachelor's degree</b> .						
	A copy of the "secondary school leaving certificate" or other similar document, for students who completed the secondary education in a foreign country.						
If State law requires a <b>homeschooled student</b> to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), <b>a copy of that credential</b> .							
than that	If State law <u>does not require</u> a homeschooled student to obtain secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), <b>a transcript or the equivalent</b> , <u>signed by the student's parent or guardian</u> , that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a homeschool setting.						
Docume	entation of Identity/Statement of Educa	ational Purpose					
*****DC	NOT COMPLETE THIS SECTION UNTIL YO	U ARE EITHER <b>IN PERSON</b> AT THE C	C OSFA OR IN THE PRESENCE OF A NOTARY****				
			ne CC OSFA and present an unexpired valid nd this verification worksheet to the Office. The CC				
governm OSFA wil signature issued ph	nent-issued photo ID (such as a driver's lic Il need to validate the statement below a	cense, military ID, passport, etc.) and the time of submission by maint to submit this worksheet, you will					
governm OSFA wil signature issued ph Stateme	nent-issued photo ID (such as a driver's lid Il need to validate the statement below a e and date. <i>If you cannot appear in person</i> noto ID and this worksheet notarized by a p ent of Educational Purpose	cense, military ID, passport, etc.) a at the time of submission by maint to submit this worksheet, you will public notary to the CC OSFA.	nd this verification worksheet to the Office. The CC raining a copy of your photo ID and by providing a need to provide a copy of your government-				
governm OSFA wil signature issued ph Statema	nent-issued photo ID (such as a driver's lid Il need to validate the statement below a e and date. If you cannot appear in person noto ID and this worksheet notarized by a eent of Educational Purpose of that I, (Student's Name)	cense, military ID, passport, etc.) and the time of submission by maint to submit this worksheet, you will public notary to the CC OSFA.  , am the individual signing this State	and this verification worksheet to the Office. The CC caining a copy of your photo ID and by providing a need to provide a copy of your government-				
governm OSFA wil signature issued ph Stateme I certify	nent-issued photo ID (such as a driver's lid Il need to validate the statement below a e and date. If you cannot appear in person noto ID and this worksheet notarized by a eent of Educational Purpose of that I, (Student's Name)	cense, military ID, passport, etc.) and the time of submission by maint to submit this worksheet, you will public notary to the CC OSFA.  , am the individual signing this State	nd this verification worksheet to the Office. The CC raining a copy of your photo ID and by providing a need to provide a copy of your government-				
governm OSFA wil signature issued ph Stateme I certify	nent-issued photo ID (such as a driver's lid Il need to validate the statement below a e and date. If you cannot appear in person noto ID and this worksheet notarized by a p ent of Educational Purpose of that I, (Student's Name) t financial assistance I may receive will or	cense, military ID, passport, etc.) and the time of submission by maint to submit this worksheet, you will public notary to the CC OSFA.  , am the individual signing this State	and this verification worksheet to the Office. The CC caining a copy of your photo ID and by providing a need to provide a copy of your government-				
governm OSFA wil signature issued ph Stateme I certify student	nent-issued photo ID (such as a driver's lid lineed to validate the statement below a e and date. If you cannot appear in person noto ID and this worksheet notarized by a pent of Educational Purpose of that I,  (Student's Name)  It financial assistance I may receive will or 3-2024.	cense, military ID, passport, etc.) and the time of submission by maint to submit this worksheet, you will public notary to the CC OSFA.  , am the individual signing this State	and this verification worksheet to the Office. The CC raining a copy of your photo ID and by providing a need to provide a copy of your government-  ement of Educational Purpose and that the Federal  es and to pay the cost of attending Columbia College				
governm OSFA wil signature issued ph Statema I certify student	nent-issued photo ID (such as a driver's lid lid need to validate the statement below a seand date. If you cannot appear in person noto ID and this worksheet notarized by a pent of Educational Purpose of that I,  (Student's Name) thin financial assistance I may receive will or 3-2024.  Student's Signature	cense, military ID, passport, etc.) and the time of submission by maint to submit this worksheet, you will public notary to the CC OSFA.  , am the individual signing this State	and this verification worksheet to the Office. The CC raining a copy of your photo ID and by providing a need to provide a copy of your government-  ement of Educational Purpose and that the Federal  es and to pay the cost of attending Columbia College  Date				
governm OSFA wil signature issued ph Stateme I certify student	nent-issued photo ID (such as a driver's lid lid need to validate the statement below a seand date. If you cannot appear in person noto ID and this worksheet notarized by a pent of Educational Purpose of that I,  (Student's Name) to financial assistance I may receive will or 3-2024.  Student's Signature  Financial Aid Staff's Signature	cense, military ID, passport, etc.) and the time of submission by maint to submit this worksheet, you will public notary to the CC OSFA.  , am the individual signing this State	and this verification worksheet to the Office. The CC raining a copy of your photo ID and by providing a need to provide a copy of your government-  ement of Educational Purpose and that the Federal  es and to pay the cost of attending Columbia College  Date				

Stuc	lent Name:							
E.	Notary's Certificate of Acknowledgement:							
	State of							
	County of							
	On , before me,	(Title of the officer)	, personally appeared					
			risfactory evidence to be the person(s) whose name(s)					
	is/are subscribed to the within instrument and acknowledged to me that he/she they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s)							
	acted, executed the instrument.							
	I certify under PENALTY OF PERJURY under the laws of the State of that the foregoing paragraph is true and correct.							
	WITNESS my hand and official seal.							
	Signature of Notary Public	(Seal)						
F.	Certification and Signatures							
	Each person signing this worksheet certifies that all of the information reported on this form is complete and correct.  If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.  The student (and his or her spouse, if married) must sign and date below.							
	The stade in (and ins of her spease) it married	, mast sign and date below						
	Student's Signature	2	Date					
	Spouse's Signature							

Submit this worksheet to the CC OSFA.

You should make a copy of this worksheet for your records.