



UMES ID: _____

2018-2019 DEPENDENT

Verification of Child Support Paid and SNAP Benefits Received

To receive Federal Financial Aid you are required to verify the information you reported on your FAFSA application for student financial aid. Please read the instructions and answer **all** the questions carefully.

Return this form by mail, fax or hand deliver to: University of Maryland Eastern Shore, Office of Student Financial Aid
(address and contact information located at the bottom of this form)

A. Student Information (Please Print)

Student Name: _____ **Birth Date:** _____

Address: _____ **Phone:** _____

B. Family Household Information

List the people in your parents' household, include:

- **yourself**
- **your parent(s)**--biological/adoptive/stepparent--**do not** include legal guardian(s) or foster parent(s)
 * If your parent is legally married or remarried (this includes same-sex as well as opposite-sex couples) include your parent **and** your parent's current spouse.
 * If your parents **live together but are not legally married**, you must list both of them on this form and provide income information for both of them on the FAFSA and to the Financial Aid Office.
- **your parents' other children**, IF (a) your parents provide more than half of their support from July 1, 2017 through June 30, 2018 **OR** (b) the children would be required to provide parental information when applying for Federal Student Aid. **Include all children who meet either of these standards even if the children do not live with the parents.**
- **other people** IF they now live with your parents, AND your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.

Full Names of all Household Members (see above)	Age	Relationship to Student	Enrolled in College for 2018-2019?	Name of College -student MUST meet ALL of the following: *attending at least half-time, *in a school that's eligible to participate in Title IV programs, *enrolled in a degree-seeking/certificate program for 2016-2017
		SELF	YES	University of Maryland Eastern Shore

OFFICE OF STUDENT FINANCIAL AID
 SDC Building, Suite 1100
 Princess Anne, MD 21853
 phone: 410-651-6172 fax:
 410-651-7670
 www.umes.edu/financialaid

over

C. Student Information

I **did NOT** receive Supplemental Nutrition Assistance Program (SNAP) in 2015 or 2016.

I **did** receive Supplemental Nutrition Assistance Program (SNAP) in 2015 or 2016.

You are required to attach documentation from the agency that issues the benefit.

D. Parent(s) Information

1. I **did NOT** receive Supplemental Nutrition Assistance Program (SNAP) in 2015 or 2016.

I **did receive** Supplemental Nutrition Assistance Program (SNAP) in 2015 or 2016.

You are required to attach documentation from the agency that issues the benefit.

2. I/my spouse **did not pay/was not required to pay** child support in 2016.

I/my spouse **PAID** child support in 2016 because of a divorce or separation or as a result of a legal requirement.

a. The **amount** of child support paid in 2016 \$ _____.

b. The **name(s) of the children** for whom child support was paid in 2016. _____

c. The **name and address** of the person to whom child support was paid. _____

d. Signature of person that paid the child support in 2016_ _____

E. Sign this Worksheet

By signing this worksheet, we certify that all of the information reported on this worksheet is complete and correct. At least one parent must sign. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student signature

Date

Parent signature

Date