



UMES ID: _____

**2018-2019
INDEPENDENT**

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 household, include:

- **yourself**
- **your spouse**--if you are *legally* married or remarried (this includes same-sex as well as opposite-sex couples)
- **your children/step-children**, if (a) you will provide more than half of their support from July 1, 2017 through June 30, 2018 **OR** (b) the children would be required to provide your 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 you.**
- **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 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

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C. Student/Spouse SNAP Information

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

I/my spouse **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. Student/Spouse Child Support Paid Information

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.
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

Spouse signature (optional) Date