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2016-2017 Dependent V4 Worksheet

Your 2016 - 2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states 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 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, upon review of this document. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Student Name: _____ **ID:** _____

A. Report Child Support Paid to Another Household only if it is applicable to your household:

If one of the parents included in the household or the student paid child support in 2015. 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 annual amount of child support that was paid in 2015 for each child.

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

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.
- Copies of the child support payment checks 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 2014 or 2015.

One of the persons listed below received SNAP benefits in 2014 or 2015.

Full Name	Age	Relationship

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.

C. Identity and Statement of Educational Purpose, to be signed at Union County College

You, the student, must appear in person at Union County 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. Union County 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 Union County College for 2016-2017.

D. Signatures: I certify that all the information reported on this form is complete and correct. I understand that giving false or misleading information may result in denial or cancellation of financial aid.

NOTE: Computer generated signatures are not acceptable.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Declaración de Propósito Educativo:

Certifico que yo, _____, soy el individuo que firma esta
[Imprimir Nombre del Estudiante]
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 Union County College para 2016–2017.

NOTA: Firma generada por la computadora no es aceptada.

Firma del estudiante: _____ **Fecha:** _____

Firma de los padres: _____ **Fecha:** _____

No federal, state, or institutional financial aid will be awarded to you until the verification process is complete.

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs.

<http://ucc.financialaidtv.com/>

Financial Aid Office – financialaid@ucc.edu

