



Student Printed Name _____ KSU ID Number _____

Your application has been selected for review in a process called verification. You are required to complete all appropriate sections of this form and submit it to KSU Office of Student Financial Aid with any additional requested documentation. If you do not complete this form or submit all of the required documents requested, we will not be able to complete the processing of your financial aid.

List the people in your household, include:

- Yourself ;
- Your spouse, if you are married;
- Your children, if any, if you will provide more than half of their support from July 1 2016 through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016-20017. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you will provide more than half of their support from July 1, 2016 through June 30, 2017.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled at least half time in a degree, diploma or a certificate program at a postsecondary educational institution any time between July 1, 2016 through June 30, 2017. If more space is needed, attach a separate page with your name and KSU ID# listed at the top.

Full Name	Age	Relationship	College Attending/will attend	Will be enrolled at Least Half Time? (Yes or No)
		Self	Kennesaw State University	

Please indicate any untaxed income, resources, benefits, and other amounts received by the student and spouse included in the household on the 2016-2017 Free Application for Federal Student Aid (FAFSA). Please do not leave any answer blank.

If you did not pay/receive any income from one or more of these sources in 2015, please answer "N/A" or "0".

2015 Untaxed Income (include the total amount of benefits received for all of 2015)	Student Total	Spouse Total
Housing, food, and other living allowances paid to members of the military, clergy, and others	\$	\$
Veterans non-education benefits	\$	\$
Other untaxed income (such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits)	\$	\$
Money received or paid on the student's behalf (e.g., bills). Include income received and payments made by anyone other than your parent(s) listed on the FAFSA	\$	\$

If anyone in the student's household received *In-Kind Support* please list below. In-Kind support is defined as other than money, for example, friends or relatives giving the student food or allowing him/her to live with them rent-free, Women, Infants, and Children (WIC) Program, Food Distribution programs, National School Lunch and School Breakfast programs, Commodity Supplemental Food (CSFP) Program, Special Milk Program for children, Daycare provided by the Social Services Block Grant Program, WIOA (formerly WIA) educational benefits, Payments and Services received from states for foster care or adoption assistance.

If you did not pay/receive any in-kind support in 2015, please answer "N/A" or "0".

Source of In-Kind Support:

Total amount of In-Kind Support Received \$ _____

Student Printed Name _____

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If any parent(s) included in the household RECEIVED child support in 2015, please complete the section below, otherwise indicate with "N/A" or "0".

Name of Person Who Received Child Support	Name of Person who Paid Child Support	Name of Child for Whom Support was Received	Age of Child	Last 4 Digits of Child's SSN	Amount of Child Support Received in 2015

If any parent(s) included in the household PAID child support in 2015, please complete the section below, otherwise indicate with "N/A" or "0".

Name of Person Who Paid Child Support	Name of Person who Received Child Support	Name of Child for Whom Support was Paid	Age of Child	Last 4 Digits of Child's SSN	Amount of Child Support Paid in 2015

Did you or anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP) during either 2014 or 2015?

Yes No

If you have answered yes to the above question, you are required to complete the following section.

The student certifies that _____, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. 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 (1-800-433-3243).

The student's household includes:

- The student
- The student's spouse
- The student's or spouse's children if the student or spouse will provide more than half of the child's support from July 1, 2016, through June 30, 2017, even if a child does not live with the student
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2017

Note: if we have reason to believe that any information on the verification worksheet is inaccurate, we may require you to provide additional documentation before we are able to determine your financial aid.

By signing below, student acknowledge and confirms that all of the information reported 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.

Student's Signature

Date

Return completed form to:
Kennesaw State University, The Office of Student Financial Aid, 585 Cobb Avenue NW, MD 0119, Kennesaw, GA 30144
Phone (770) 423-6074 Fax (470) 578-9096