



## 2018-19 SNAP & Child Support Verification

Financial Aid Office ▪ 4001 W. McNichols Rd. ▪ Detroit, MI 48221  
Phone: 313-993-3350 ▪ Fax: 313-993-3347 ▪ [finaid@udmercy.edu](mailto:finaid@udmercy.edu)

Your application was selected for review in a process called "Verification." You are required to verify SNAP (food stamp) Benefits as well as Child Support Paid.

**This form must be completed entirely, do not leave any section blank.**

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

### 2016 SNAP (Food Stamp) Benefits

Did the Student/Student's Spouse or Parents (if dependent) or anyone in the household receive food stamps during 2016 or 2017?

\_\_\_\_\_ **Yes**  
\_\_\_\_\_ **No**

### 2015 Child Support Paid

**Dependent Students:** the following should be completed by your parent.

**Independent Students:** complete the following information.

Did the Student/Student's Spouse or Parents (if dependent) pay child support during the 2016 calendar year?

\_\_\_\_\_ **Yes** - Complete the table below.  
\_\_\_\_\_ **No**

Name of Child & Age	Name of Person Support Paid To	Annual Amount Paid

I have listed above the names of the persons to whom child support was paid in 2016, the names of the children for whom the child support was paid and the total amount of child support paid in 2015 for each child. I also attest that I have not included these children as members of my household size on the FAFSA.

Name of person that pays child support: \_\_\_\_\_

Verification must be completed by 30 days after the last date of the term you are enrolled in. Failure to do so will result in loss of any federal or state aid, including grants and loans. The student will be responsible for any resulting balance.

### Sign this Worksheet

I attest that all of the information provided on this form is correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Dependent Students Only)