

Student's Name: _____ Last 4 Digits of Student's SSN: _____

D. Other Information to Be Verified If Applicable

1. Complete this question if someone in the student's parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2020 or 2021 calendar years. 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).

I the student certify that _____, one of the persons listed in Section B of this worksheet, received SNAP benefits in 2020 or 2021. If asked by the student's school, we will provide documentation of the receipt of SNAP benefits during 2020 and/or 2021.

2. Complete this question if the student or spouse, who is a member of the student's household, paid child support in 2021.

The student or spouse, who is a member of the student's household, paid child support in 2021. List below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2021 for each child. If asked by the school, we will provide documentation of the payment of child support, **such as a copy of the separation agreement or divorce decree showing the amount of child support to be provided, a signed statement from the individual receiving the child support certifying the amount of child support received, or copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.** *If you need more space, attach a separate page that includes the student's name and last four digits of their Social Security Number at the top.*

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 2021

Certifications and Signatures

Each person signing this worksheet certifies that all of the information reported on this worksheet is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

You should make a copy of this worksheet for your records.

Print Student's Name

Final four digits of Student's Social Security Number

Student's Signature

Date

Spouse's Signature (Optional)

Date

ver. 03/04/2024

Bring this completed Verification Worksheet and the ID to be copied in person to:
Tulane University Financial Aid, Gibson Hall, Suite #130, 6823 St. Charles Avenue, New Orleans, LA
or University Financial Aid, Suite #1213, 1440 Canal Street, New Orleans, LA

ONLY if NOT attending classes in New Orleans AND UNABLE to return the form in person, post this notarized Worksheet and ID copy* to:
Tulane University Financial Aid, Gibson Hall, Suite #130, 6823 St. Charles Avenue, New Orleans, LA 70118

***The ID copy (front and back) must be included with the completed Verification Worksheet, and the notary seal must be applied to the copy (front and back) of the ID as well as the Verification Worksheet.**