





**D. INDEPENDENT STUDENT'S OTHER INFORMATION WILL BE VERIFIED**

Complete this section if someone in your household received benefits from the Supplemental Nutrition Assistance Program, or SNAP (formerly known as food stamps), anytime during the 2017 or 2017 calendar years.

One of the persons listed in Section B of this worksheet received SNAP benefits in 2017 or 2017. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2017 and/or 2017.

Complete this section if you or your spouse, if married, paid child support in 2017.

Either I or, if married, my spouse, who is listed in Section B of this worksheet paid child support in 2017. I have indicated 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 and ages of the children for whom child support was paid, and the total annual amount of child support that was paid in 2017 for each child. If asked by my school, I will provide documentation of the payment of child support. If you need more space, attach a separate page that includes your name and ID 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 Child Support was Paid	Age of Child	Amount of Child Support Paid in 2017
<i>Example: Marty Jones</i>	Chris Smith	Terry Jones	6	\$6,000

**E. CERTIFICATION AND SIGNATURES**

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional.

**Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.**

**Print Name:** \_\_\_\_\_ **Student ID No.:** \_\_\_\_\_  
(Student's First Name) (Student's Last Name)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Student)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent)

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

FINANCIAL AID OFFICE

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