



2019-2020

V4 Identity and Statement of Educational Purpose
(To Be Signed at the Institution)

Office of Financial Aid
1300 S Country Club Road - El Reno, OK 73036
405-422-6250 - Fax: 405-422-1463

Name _____ SSN/Student ID _____

Street Address _____ City _____ State _____ Zip _____

Phone (Area Code and Number) _____

The student must appear in person at Redlands Community College to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

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 Redlands Community
College for 2019-2020.

(Student's Signature)

(Date)

(Student's ID Number)

Verified By: _____



2019-2020 V4 Independent Verification Worksheet with Child Support Paid

Office of Financial Aid
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Your 2019-2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, RCC will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office at RCC. We may need to ask for additional information. If you have questions about verification, contact the Financial Aid Office as soon as possible so that your financial aid will not be delayed. **Your application will not be processed until all of the required documents have been provided.**

A. Independent Student’s Information

Name: _____ SSN/Student ID: _____
Address: _____ Date of Birth: _____
City, State, Zip Code: _____ Phone Number: _____

B. Child Support Paid by Student and/or Spouse

The student or spouse, who is a member of the student’s household, paid child support in 2018. 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 2018 for each child. Please 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/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 receive, or copies of the child support payment checks or money order receipts.

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 2018
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

C. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student **AND** one parent 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.

Student’s Signature

Date

Spouse’s Signature

Date



2019-2020

V4 Independent Verification Worksheet for Students Receiving SNAP Benefits

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D. Independent Student’s Information

Name: _____ SSN/Student ID: _____

Address: _____ Date of Birth: _____

City, State, Zip Code: _____ Phone Number: _____

E. Receipt of SNAP Benefits for the Student’s household

One of the persons listed in the Student’s household received SNAP benefits in 2017 or 2018. 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 2017 or 2018.

The Student’s household includes:

- The student
- The student’s spouse, if the student is married.
- The student’s or spouse’s children if the student will provide more than half of their support from July 1, 2019, through June 30, 2020, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2020.

F. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student **AND** one parent 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.

Student’s Signature

Date

Spouse’s Signature

Date

****If you are not able to complete this form in our office please contact us: Ph. (405) 422-6250****