Child Support and Supplemental Nutritional Assistance Program (SNAP) Worksheet for 2015-2016

Student Name (blue/black ink only) _______________________________________ Sam ID_____________________

➢ Failure to submit required documentation will result in student not being awarded financial aid.
➢ Incomplete verification packets will NOT be accepted. This includes, but is not limited to: forms, tax return transcripts and/or any other requested documents for verification purposes or special circumstances. No exceptions.

SECTION A: Student Applicant Information:

Which of the following is true? (Check appropriate box)

☐ I and/or my spouse Paid child support during 2014.
   List the child support information below. (If additional lines are needed, please submit a separate sheet.)

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Age of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2014</th>
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☐ I and/or my dependent(s) received SNAP benefits (formerly known as food stamps) any time during the 2013-2014 calendar years. Note: If we have reasons to believe this information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.

I declare under penalty of perjury that the information submitted herein is true and correct.

Student Signature ___________________________ Date ____________

SECTION B: Parent Information (For Dependent Students):

Which of the following is true? (Check appropriate box)

☐ One or both of parents listed on the FAFSA paid child support during 2014 year.
   List the child support information below. (If additional lines are needed, please submit a separate sheet.)

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☐ One of the people listed in my household received SNAP benefits (formerly known as food stamps) any time during the 2013 or 2014 calendar years. Note: If we have reasons to believe this information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.

I declare under penalty of perjury that the information submitted herein is true and correct.

Parent Signature ___________________________ Date ____________

Return completed form to: Financial Aid and Scholarships Office
Box 2328, Huntsville TX 77341-2328       Fax: 936.294.3668

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