







**E. PARENT'S OTHER INFORMATION WILL BE VERIFIED**

Complete this section if someone in the student's parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program SNAP (formerly known as food stamps) any time during the 2016 or 2017 calendar years.

One of the persons listed in Section B of this worksheet received SNAP benefits in the 2016 or 2017 calendar year. If asked by the student's school, I will provide documentation of the receipt of SNAP benefits during 2016 and/or 2017 year.

Complete this section if one of the student's parents , included in the household, paid child support in 2016.

One (or both) of the student's parents listed in Section B of this worksheet, paid child support in 2016. The parent has 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 2016 for each child. If asked by the school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes the student's 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 2016
<i>Example: Marty Jones</i>	Chris Smith	Terry Jones	6	\$6,000

**F. CERTIFICATION AND SIGNATURES**

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

**WARNING: If you purposefully give false or misleading information you may be fined, be 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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