Financial Aid Office
2013-2014 Verification Worksheet
Independent Student V2

Name __________________________________________
BHC ID _______________________________________

A. Family Information

List the people in your household. Include:
- Yourself and your spouse (if married)
- Your children if they will live with you or if you will provide more than half of their financial support and will continue to provide more than half of their financial support from July 1, 2013 through June 30, 2014.
- Other people if they now live with you or if you will provide more than half of their financial support and will continue to provide more than half of their financial support through June 30, 2014.

NOTE: If any household member listed below (excluding parents), will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2013 and June 30, 2014, list the name of the institution in the “College” column.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
</tr>
</tbody>
</table>

B. SNAP Benefits

Did anyone in the household receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) any time during 2011 or 2012?

☐ One of the persons listed received SNAP benefits in 2011 or 2012.
☐ No one in the household received SNAP benefits in 2011 or 2012.

C. Certification and Signatures

I certify that all of the information reported on this worksheet is complete and correct. The student must sign. Spouse’s signature is optional.

Student’s Signature __________________________ Date __________________________

Spouse’s Signature __________________________ Date __________________________

Return to: Black Hawk College  Financial Aid Office  6600 34th Avenue Moline, IL 61265 Fax: 309-796-5447  Email:Finaid@bhc.edu