Your 2015–2016 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 reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student's Information

<table>
<thead>
<tr>
<th>Student's Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Student's School (ID) Number</th>
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<thead>
<tr>
<th>Student's Street Address (include apt. no.)</th>
<th>Student's Date of Birth</th>
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<thead>
<tr>
<th>City State Zip Code</th>
<th>Student's Email Address</th>
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<tr>
<th>Student's Home Phone Number (include area code)</th>
<th>Student's Cell Phone Number</th>
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B. Child Support Paid

Complete this section if the student or spouse, who is a member of the student's household, paid child support in 2014. 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 2014 for each child. (Children can either be included as members of the household *or* included in the amount of child support paid, but may not be included in both.)

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

<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 and Age of Child for Whom Support Was Paid</th>
<th>Annual Amount of Support Paid in 2014</th>
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<th>Total Amount of Child Support Paid</th>
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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 or 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 received; or
- Copies of the child support payment checks or money order receipts.
C. Receipt of SNAP Benefits
Complete this section if someone in the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) sometime during the 2013 or 2014 calendar years.

☐ The student certifies that a member of the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 or 2014 calendar years. If asked by the school, I will provide documentation of the receipt of SNAP during 2013 and/or 2014.

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 or spouse will provide more than half of their support from July 1, 2015, through June 30, 2016, 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, 2016.

D. High School Completion Status
Note: This requirement is fulfilled with PTI Enrollment completion.

E. Certification and Signature
Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to prison, or both.

Print Student’s Name

Student’s ID Number

Student’s Signature (Required)

Date

Spouse’s Signature (Optional)

Date

Return to: Perry Technical Institute, Financial Aid Office, 2011 W Washington Ave, Yakima, WA 98903
fax: 509-453-0458 or email: financialaid@perrytech.edu
F. Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at Perry Technical Institute to verify his or her identity by presenting a 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 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 Perry Technical Institute for 2015-2016.

(Student’s Signature)  (Date)  (Student’s ID Number)

FA office use only:  
(Initial)  
Driver’s License  State-Issued ID  Passport

If the student cannot appear in person, the student must send a readable photocopy of the acceptable photo ID, and the student must sign, in the presence of a notary, the statement in section F.

Notary’s Certificate of Acknowledgement

State of ______________________________ City/County of ______________________________

On ______________________, before me, _______________________________________________________,

(Date)  (Notary's name)

personally appeared, ___________________________________________________________, and provided to me on basis of

(Printed name of signer)

satisfactory evidence of identification ______________________________ to be the above-named person who signed,

(Type of government-issued photo ID)

the foregoing instrument.

WITNESS my hand and official seal

__________________________  
(Notary's signature)

Notary Stamp or Seal (If Applicable)

My commission expires on

__________________________  
(Date)