



## VERIFICATION WORKSHEET 2024-25

### SECTION 4: ADDITIONAL SUPPORT INFORMATION

Indicate if you or any members of your household received any of the following benefits during 2022 or 2023:

Source of Support (Check yes or no)	STUDENT		PARENT (if dependent student)	
	YES	NO	YES	NO
Disability/SSI/Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/Reduced Lunches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNAP (Food Stamps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No further documentation is needed regarding the above benefits.  
**Note:** If you answered YES to any of these on the FAFSA and DO NOT check the box above – you will be required to bring proof that you DID NOT receive the benefits.

### SECTION 5: HOUSING SUPPORT INFORMATION

Were you supported by someone else in 2022?  <b>Independent students with no self-reported income must indicate if they received support from another party (family, friend(s), etc.)</b>  <b>Dependent students supported by parent/guardian– mark NO</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, I was supported by <u>(name)</u> _____  Relationship: _____  Average monthly amount: \$ _____
Were you/a parent incarcerated for any portion of 2022? <i>Provide documentation.</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes. For how many months? _____ Name of person: _____
Were you considered homeless for any portion of 2022? <i>Provide documentation, e.g. proof from a homeless shelter, from the student's high school, or other documentation as stated by a financial aid administrator</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes. Name of shelter where you are or have stayed: _____

### SECTION 6: SIGNATURE(S)

**By signing this worksheet, I / we certify that all of the information provided on it is complete and accurate.** If Kilgore College Financial Aid has reason to believe that information reported on this form is not accurate, additional information may be required. I understand that any information provided on this form that differs from my FAFSA will require a correction of my FAFSA which can delay processing and/or awarding.

**Warning:** If you purposely provide false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

_____ Student Signature	_____ Date	_____ Parent Signature (required for dependent students)	_____ Date
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*Electronic signatures will not be accepted.*