



**2017-2018 Verification of Social Security Benefits
Dependent Student**

Important Notes:

Please list the amount of **untaxed** social security benefits (including Supplemental Security Income) that you and your parent(s) received in 2016. Be sure to include the amounts that you received on behalf of your children. Please be aware that documentation of the amounts listed below may be requested at a later date.

Last Name: Tech CWID# or SSN:

First Name:

STUDENT

\$ Amount Per Month	X	Number of Months	=	\$ Total Received in 2015
<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>

PARENT(S)

\$ Amount Per Month	X	Number of Months	=	\$ Total Received in 2015
<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>

Certification:

By signing this form, I(we) certify that all the information reported to qualify for Federal Financial Aid is complete and correct. This verification documentation supersedes any previous forms completed.
(At least one parent must sign.)

Student Signature: _____ Date

Parent Signature: _____ Date