



## Financial Aid

S. 16th Avenue & Nob Hill Boulevard, PO Box 22520, Yakima, WA 98907-2520

P: 509.574.6855 • [finaid@yvcc.edu](mailto:finaid@yvcc.edu) • [www.yvcc.edu](http://www.yvcc.edu)

# 2023–2024 Custom Verification Dependent/Independent Student

**V4: Custom Verification – Dependent/Independent** - Your 2023–2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. You and at least one parent must complete both sides and sign this worksheet, attach any required documents, and submit the form and other required documents to the YVC Financial Aid Office. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

## A. Student Information

|                                |                     |               |                           |
|--------------------------------|---------------------|---------------|---------------------------|
| Last Name                      | First Name          | M.I.          | CTCLink Student ID Number |
| Street Address (include apt #) |                     |               |                           |
| City                           | State               | Zip Code      | Date of Birth             |
| Home Phone<br>( ) -            | Cell Phone<br>( ) - | Email Address |                           |

## B. Identification and Statement of Education Purpose

Visit the financial aid office during regular business hours with valid, government issued picture identification to complete the Identification and Statement of Educational Purpose Requirements. If you are unable to do so, attach the separate documentation as required in the separate Identification and Statement of Education Purpose form along with a copy of the presented identification after it has been notarized.

## C. Certification and Signatures

By signing this document, the student certifies that all of the information reported on it is complete and correct.

|                   |      |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|



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# Identity and Statement of Educational Purpose

**Once complete, this form along with a copy of the identification that was presented MUST be turned into our office or mailed to the address listed above as we must have the original signed document in order to process.** This form is to be signed in the presence of a Notary while presenting one of the following types of identification: State-issued Driver's License, State-issued Identification Card, U.S.-issued Passport or U.S. Alien Registration Card.

## Statement of Educational Purpose

I certify that I, \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

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 \_\_\_\_\_ for 2024-2024.  
(Name of Postsecondary Educational Institution)

Student Signature: \_\_\_\_\_ ctcLink ID: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be an original ink signature, cannot be typed or copied)

## **TO BE COMPLETED BY A NOTARY:**

### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_ City/County of \_\_\_\_\_, on \_\_\_\_\_  
(State) (County) (date)

before me, \_\_\_\_\_  
(Notary's name)

personally appeared, \_\_\_\_\_, and provided to me  
(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**  
(seal)

My commission expires on: \_\_\_\_\_  
(Date) (Notary signature)