



Verification of Social Security Benefits (SSB)

Name: _____ Social Security Number: _____

Instructions to Student: Your financial aid application has been selected for verification. Please write the name and social security number of each person indicated on your Free Application for Federal Student Aid (FAFSA), including yourself. You may attach copies of each person's previous year SSA-1099 to verify the amount received.

Also, you must complete this form and have the monthly information verified by the Social Security Administration **before** it is submitted to the Financial Aid Office.

Name	SSN#	Relationship	Monthly Amount	Months Paid
<i>Example: John Doe</i>	<i>123-45-6788</i>	<i>Father</i>	<i>\$304</i>	<i>08/08-12/08</i>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____
8) _____	_____	_____	_____	_____

Student's Signature: _____ Date: ____/____/____

The "Monthly Amount" and the "Months Paid" from the above chart must be verified and/or completed by the student, and/or the Social Security Administration. If verified by the Social Security Administration, please have the representative sign this form.

Signature of Authorized Social Security Administration Official

Title

Date

Address of District Office

Telephone Number

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.