Get There.
CENTRAL PIEDMONT COMMUNITY COLLEGE

Financial Aid/VA Office
P. O. Box 35009
Charlotte, NC 28235
Telephone: (704) 330-6942
Fax: (704) 330-5053

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/VA Office

	Name	SS#	Relationship	Monthly Amount	Months Paid
	Example: John Doe	*123-45-6788*	*Father*	*$304*	*08/11-12/11*
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(If considered dependent, parent please sign, print, and fax to 704.330.5053)

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.***

Do not mail any documents to the U.S. Department of Education.
Submit all requested documentation to CPCC's Financial Aid Office by fax (704.330.5053).

You should make a copy of this worksheet for your records.

The "Monthly Amount" and the "Months Paid" from the above chart must be verified and/or completed by the student, parent *(if student is dependent)* 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*

PRINT