READ AND SIGN
All of the information provided by me or any other person on this FAFSA application is true and complete to the best of my knowledge. I understand that this application is being filed jointly by all signatories. If asked by an authorized official, I agree to give proof of the information that I have given on this application. I realize that this proof may include a copy of my U.S. or state income tax return. I also realize that if I do not give proof when asked, the student may be denied financial aid.

CERTIFICATION STATEMENT ON OVERPAYMENT AND DEFAULTS
I understand that I may not receive federal Title IV, HEA funds if I owe an overpayment on any Title IV educational grant or loan or am in default on a Title IV education loan unless I have made satisfactory arrangements to repay or otherwise resolve the overpayment or default. I also understand that I must notify my school if I do owe an overpayment or am in default.

STATEMENT OF EDUCATIONAL PURPOSE
I certify that I will use any federal Title IV, HEA funds I receive during the award year covered by this application solely for expenses related to my attendance at the institution of higher education that determined or certified my eligibility for those funds.

VERIFICATION AUTHORITY
I understand that the Secretary of Education has the authority to verify income reported on this application with the Internal Revenue Service. I also understand that if I purposely give false or misleading information, I may be fined $10,000, sent to prison, or both.

EVERYONE WHOSE INFORMATION IS GIVEN ON THIS FORM SHOULD SIGN BELOW.
THE STUDENT (AND AT LEAST ONE PARENT, IF PARENT INFORMATION IS GIVEN) MUST SIGN BELOW.

STUDENT_____________________________________________________ DATE ________________

FATHER/STEPFATHER________________________________________ DATE ________________

MOTHER/STEPMOTHER______________________________________ DATE ________________

After signing, mail this page or bring it immediately to the student Financial Aid Office at the College of Southern Idaho.