

Date Verified

Verification Worksheet

2700 Barstow Rd. Barstow, CA 92311 (760) 252-2411, x7205

Your FAFSA application has been selected for review in a process called "verification." We are required by law to compare the information from your FAFSA application with the information provided on this form and your 2016 income information as well as your spouse's or parents' (if applicable). If there are differences between your FAFSA application and the documents you have submitted corrections will be made.

We will not accept incomplete paperwork; all documents must be submitted at the same time. Incomplete documents will be shredded. Please print when filling out this form, complete all sections and sign the worksheet.

A. STUDENT INFORMATION				
Last Name	First Name	M.I		'B' Number
Address (include	apt. #)		L	Pate of Birth
City	State	Zip Code	Phone Number	(include area code)
•	ege's name:	m another college this year?	Yes 🗆	No
 Were you born As of today, at Are you legall Do you have of dependents when half of the Are you a veter 	der the age of 27, would before January 1, 1995; re you married? (Answer y married but separated? children who receive more no live with you (other the eir support from you, noveran of the U.S. Armed Fo	you like us to register you for? "Yes" if you are separated but If yes, provide date of separatie than half of their support from an your children and spouse) wand through June 30, 2019?	not divorced.) on m you, or other who receive more	☐Yes ☐No ☐Yes ☐No
you a depende 9. Are you or we 10. Are you or we 11. At any time or that you were 12. At any time or program funde an unaccompa 13. At any time or	ant or ward of the court? re you an emancipated mare you in legal guardians or after July 1, 2017, die an unaccompanied youther or after July 1, 2017, die by the U.S. Department or after July 1, 2017, die	ninor as determined by a court in hip as determined by a court in d your high school or school did who was homeless? In the director of an emergency at of Housing and Urban Devel	shelter or transitional housing opment determine that you were nomeless youth basic center	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
	apporting and at risk of be			□Yes □No

C. FAMILY INFORMATION

Independent Students: List the people in your <u>household</u>. Include: (1) Yourself, your spouse if married (2) your children, if you provide more than half of their support from July 1, 2018 through June 30, 2019; and (3) any other people if they now live with you, and you provided more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.

Write the names of all household members. Also write in the name of the college for any household member who will be attending college at least half time between July 1, 2018 and June 30, 2019, and will be enrolled in a degree diploma or certificate program. If you need more space, attach a separate piece of paper.

Dependent Students: List the people in your <u>parents' household</u>. Include: (1) Yourself and your parent(s), including stepparent (these are the parents you are currently living with or would live with if you were not in school); (2) Your parents' other children (even if they don't live with your parents), *if* (a) your parents provide more than half of their support from July 1, 2018 through June 30, 2019 or (b) the children would be required to provide parental information when applying for Federal Student Aid; and (3) Other people if they now live with your parents, and your parents provide, and will continue to provide, more than half of their support from July 1, 2018 through June 30, 2019.

Write the names of all household members. Also write in the name of the college for any household member (excluding your parents), who will be attending college at least half time between July 1, 2018 and June 30, 2019, and will be enrolled in a degree diploma or certificate program. If you need more space, attach a separate piece of paper.

Full Name	Relationship	College & Enrollment Status	Age
Example: Martha Jones	Wife	City College – 6 units	35
	Self	Barstow College	

Both tax filers and non-tax filers must list any untaxed income received and income adjustments in 2016. (Failure to complete this section will delay the processing of your financial aid.)

*Please report amounts received for the entire 2016 calendar year **DO NOT LEAVE THIS PAGE BLANK**

Student/Spouse	Calendar Year 2016	Parent(s)
\$	Taxable earnings from need-based employment programs, such as Federal Work Study and need-based employment portions of fellowships and assistantships. Do not include regular working wages from typical employment.	\$
\$	Student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships	\$
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$
\$	Earnings from work under a cooperative education program offered by a college	\$
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S.	
\$	Child support RECEIVED for all children. Don't include foster care or adoption payments.	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). <i>Don't include</i> the value of on-base military housing or the value of basic military allowance for housing.	\$
\$	Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	\$
\$	Other untaxed income not reported, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on base military housing or a military housing allowance, combat pay (if you are not a tax filer), benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$
\$	As of today, what is your (and spouse's) total current balance of cash, savings and checking accounts.	\$
\$	As of today, what is the net worth of your (and spouse's) investments, including real estate? Don't include the home you live in. Net worth means current value minus debt. If net worth is negative, enter 0.	\$
\$	As of today, what is your (and spouse's) current business and/or investment farms? Don't include a family farm or family business with 100 or fewer full-time or full-time equivalent employees. Business and/or investment farm value includes the market value of land, buildings, machinery, equipment, inventory, etc. Business and/or investment farm debt means only those debts for which the business or investment farm was used as collateral. Investment farm value does not include the value of a family farm that you (your spouse and/or your parents) live on and operate.	\$

Did you receive Social Security Benefits in 2016?

Did you receive County Benefits (i.e. SNAP, CalWORKs, etc.) in 2016?

Yes No

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2016	
Marty Jones (example)	Chris Smith	Terry Jones	\$6,000.00	
	TAX FORMS AND INCOME Inquired to file a 2016 Federal income tax reasons statements if available).		d any income received in	
g., CalWORKs, SSI, SNAP-for	amounts of money received from January rmerly known as food stamps, disability i yment insurance income if tax return not f	ncome) and earnings or income not		
		Annual Amount y 2016-December 2016		
	Source of Money	\$		
		\$		
		\$		
	Total	\$	\$	
your parent(s) did not file and a come they received in 2016 (us ist below all of the sources and ntaxed income (e.g., CalWORK	are not required to file a 2016 Federal income the W-2 form or other earning statemen amounts of money your parent's received as, SSI, SNAP-formerly known as food state.	ome tax return, list below your parer ts if available). from January 1, 2016 through Dece amps, disability income) and earning	mber 31, 2016. Include	
			Annual Amount ry 2016-December 2016	
	Source of Money	\$,	
		* \$		
		\$		
	TD 4.1	İ		
	Total	\$		
	information reported on this worksheet is purposely give false or misleading inform			
tudent Signature		Date		
		Date		