



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 2020 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

<i>Last Name</i>	<i>First Name</i>	<i>M.I</i>	<i>'B' Number</i>
<i>Address (include apt. #)</i>			<i>Date of Birth</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Phone Number (include area code)</i>

Are you or will you be receiving aid from another college this year? Yes No
If yes, enter college's name: _____

B. DEPENDENCY STATUS

1. What is your gender? Male Female
If male and under the age of 27, would you like us to register you for the Selective Service? Yes No
2. Were you born before January 1, 1999? Yes No
3. As of today, are you married? (Answer "Yes" if you are separated but not divorced.) Yes No
4. Are you legally married but separated? If yes, provide date of separation. _____ Yes No
5. Do you have children who receive more than half of their support from you, **or** other dependents who live with you (other than your children and spouse) who receive more than half of their support from you, now and through June 30, 2023? Yes No
6. Are you a veteran of the U.S. Armed Forces? Yes No
7. Are you currently a member of the military? ***If yes, you must submit a current LES.*** Yes No
8. At any time since you turned 13, were both of your parents deceased, were you in foster care, or were you a dependent or ward of the court? Yes No
9. Are you or were you an emancipated minor as determined by a court in your state of legal residence? Yes No
10. Are you or were you in legal guardianship as determined by a court in your state of legal residence? Yes No
11. At any time on or after July 1, 2021, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? Yes No
12. At any time on or after July 1, 2021, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? Yes No
13. At any time on or after July 1, 2021, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? Yes No

****For Office Use Only****

Date Verified

EFC

D. STUDENT AND SPOUSE/PARENT'S Additional Financial Information

Both tax filers and non-tax filers must list any untaxed income received and income adjustments in 2020. **(Failure to complete this section will delay the processing of your financial aid.)**

***Please report amounts received for the entire 2020 calendar year**

****DO NOT LEAVE THIS PAGE BLANK****

Student/Spouse	Calendar Year 2020	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). Don't include 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. Do NOT 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 and/or your parents receive Social Security Benefits in 2020?

Yes No

Did you and/or your parents receive County Benefits (i.e. SNAP, CalWORKs, etc.) in 2020?

Yes No

E. Child Support Paid (Do NOT include Child Support You or Your Spouse Received in this Section)

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 2020
<i>Marty Jones (example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

F. STUDENT’S/SPOUSE TAX FORMS AND INCOME INFORMATION

If you did not file and are not required to file a 2020 Federal income tax return, list below your employer(s) and any income received in 2020 (use the W-2 form or other earnings statements if available).

List below all of the sources and amounts of money received from January 1, 2020 through December 31, 2020. Include untaxed income (e.g., CalWORKs, SSI, SNAP-formerly known as food stamps, disability income) and earnings or income not reported on a federal state income tax return (e.g., unemployment insurance income if tax return not filed).

Source of Money	Annual Amount January 2020-December 2020
	\$
	\$
	\$
Total	\$

G. PARENT(S)’ TAX FORMS AND INCOME INFORMATION

If your parent(s) did not file and are not required to file a 2020 Federal income tax return, list below your parent(s)’ employer(s) and any income they received in 2020 (use the W-2 form or other earning statements if available).

List below all of the sources and amounts of money your parents received from January 1, 2020 through December 31, 2020. Include untaxed income (e.g., CalWORKs, SSI, SNAP-formerly known as food stamps, disability income) and earning or income not reported on a federal or state income tax return (e.g., unemployment insurance income if tax return not filed).

Source of Money	Annual Amount January 2020-December 2020
	\$
	\$
	\$
Total	\$

H. SIGNATURES

By signing, I (we) certify that all information reported on this worksheet is complete and correct. At least one parent (if student is dependent) must also sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

Parent Signature (if applicable)

Date