

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 2021 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.

	First Name	M.I		'B' Numb	er
Address (include	apt. #)			Date of Bir	rth
City	State	Zip Code	Phone Number	r (include a	rea code)
Are you or will y If yes, enter coll		om another college this year	? □Yes □No		
B. DEPENDEN					
<ol> <li>Were you born</li> <li>As of today, and</li> <li>Are you legall</li> <li>Do you have of dependents whether half of the</li> <li>Are you a veter</li> </ol>	ider the age of 27, would in before January 1, 2000' re you married? (Answer y married but separated? children who receive mor no live with you (other the eir support from you, noveran of the U.S. Armed F	you like us to register you for? "Yes" if you are separated but If yes, provide date of separate than half of their support from an your children and spouse) wand through June 30, 2024?	t not divorced.) ion m you, <b>or</b> other who receive more	□Yes □Yes	□No □No □No □No □No □No □No □No
	nce you turned 13 were	both of your parents deceased,	were you in foster care, or were	□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	ent or ward of the court? The you an emancipated more you in legal guardians on or after July 1, 2022, dian unaccompanied youth or after July 1, 2022, dian unaccompanied youth or after July 1, 2022, dianal control of the court of the youth of youth of the youth of the youth of yo	hip as determined by a court in d your high school or school d n who was homeless? d the director of an emergency	in your state of legal residence? n your state of legal residence? istrict homeless liaison determine shelter or transitional housing lopment determine that you were	□Yes □Yes e □Yes	□No □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, 2023 through June 30, 2024; 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, 2023 through June 30, 2024.

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, 2023 and June 30, 2024 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, 2023 through June 30, 2024 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, 2023 through June 30, 2024.

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, 2023 and June 30, 2024, 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 2021. (Failure to complete this section will delay the processing of your financial aid.)

## \*Please report amounts received for the entire 2021 calendar year \*\*DO NOT LEAVE THIS PAGE BLANK\*\*

Student/Spouse	Calendar Year 2021	Parent(s)
\$	Taxable earnings from need-based employment programs, such as Federal Work Study and need-based employment portions of fellowships and assistantships. <b>Do not include regular working wages from typical employment.</b>	\$
\$	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. <b>Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).</b>	\$
\$	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 <b>RECEIVED</b> for all children. <b>Don't include foster care or adoption payments.</b>	\$
\$	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. 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 2021?

Did you and/or your parents receive County Benefits (i.e. SNAP, CalWORKs, etc.) in 2021?

Yes 

No

Child Support	Name of Person to Whom Child Support was <b>Paid</b>	Name of Child for Whom Support was <b>Paid</b>	Amount of Child Support <b>Paid</b> in 2021
Marty Jones (example)	Chris Smith	Terry Jones	\$6,000.00
. STUDENT'S/SPOUSI	E TAX FORMS AND INCOME I	NFORMATION	
f you did not file and are not rese the W-2 form or other earning	equired to file a 2021 Federal income tax rengs statements if available).	eturn, list below your employer(s) an	d any income received in
.g., CalWORKs, SSI, SNAP-fo	amounts of money received from January ormerly known as food stamps, disability i byment insurance income if tax return not f	ncome) and earnings or income not i	
	Course of Mount		Annual Amount y 2021-December 2021
	Source of Money	\$	
		\$	
		\$	
	Total	\$	
	ORMS AND INCOME INFORM		
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List below all of the sources and intaxed income (e.g., CalWORK ederal or state income tax returns).  H. SIGNATURES By signing, I (we) certify that all	se the W-2 form or other earning statemen amounts of money your parents received to the Ks, SSI, SNAP-formerly known as food state (e.g., unemployment insurance income if  Source of Money  Total I information reported on this worksheet is	ts if available).  from January 1, 2021 through Decements, disability income) and earning tax return not filed).  Januar  \$ \$ \$  \$  complete and correct. At least one part of the state of	Annual Amount y 2021-December 2021  Dearent (if student is depen