

2016–2017 <u>V6</u> Independent Verification Worksheet



Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we must ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information.

Student's Last Name		Student's F	Student's First Name		Student ID
Street Address		City	State	Zip	Phone Number
B. Student's Family In	formation				
•	re married ng stepchildren 7, or if the child), if any, if you will prov would be required to possible and the sections of	provide your informations	mation if they they do not li	were completing a FAI we with you.
 Other people if they more than half of the de the name of the college for cicate program at a postsecon 	ir support throu	igh June 30, 2017. member who will be e	nrolled, <u>at least h</u>	a <u>lf time</u> in a d	egree, diploma, or
 Other people if they in more than half of the de the name of the college for 	ir support throur any household dary educationa separate page	igh June 30, 2017. I member who will be e	enrolled, <u>at least h</u> etween July 1, 20: ne and G# at the t Name of Colle	alf time in a d 16, and June 3 op. ege the perso	egree, diploma, or

Must submit with valid photo ID

Cañada College	(650) 306-3307
College of San Mateo	(650) 574-6147
Skyline College	(650) 738-4236

IMPORTANT

Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.

D. Receipt of CalFresh/SNAP Benefits In 2014 or 2015, did any member of your household receive benefits from CalFresh or the Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program)? YES NO E. Verification of 2015 IRS Income Tax Return Information The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of the FAFSA on the Web at www.FAFSA.gov. You will be required to submit all 2015 W-2 forms, regardless of the method you have used to verify your 2015

✓ Check **one** box for Student AND **one** for Spouse (if married)

federal tax return information.

STUDENT		SDOLIS	`E
STUDENT I used the IRS Data Retrieval Tool (DRT) on my FAFSA and I am attaching my W-2s. Important Note: if you used the DRT and later changed the information, you must submit a Tax Return Transcript I am attaching my 2015 IRS Tax Return Transcript and W-2s. (We will not accept copies of tax returns). I worked in 2015, but I did not file a 2015 Tax Return AND I am not required to file a Tax Return. If you select this option, you MUST list all your employer(s) and income earned below AND attach W-2 forms(s).		the IRS Data Retrieval Tool (DRT) on the FAFSA and I am attaching my W-2s. Important Note: if you used the DRT and later changed the information, you must submit a Tax Return Transcript I am attaching my 2015 IRS Tax Return Transcript and W-2s. (We will not accept copies of tax returns).	
I did not file a 2015 Tax Return earnings in 2015. My source of Source of Income		I did not file a 2015 Tax Ro earnings in 2015. My sour rce of Income	

REMINDER: If you are unable to utilize the IRS DRT on the FAFSA, you must obtain a tax return transcript and submit it together with this verification worksheet. There are 3 ways to obtain your IRS Tax Return Transcript*

- 1. Go to www.IRS.gov and click on the "Get Transcript of Your Tax Records" link
- 2. Call 1-800-908-9946. Make sure to request a Tax Return Transcript not an account transcript
- 3. Go to your local IRS office

Be aware that option 1 & 2 can take up to 10 business days for the transcript to arrive.

*You will need the Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), date of birth, and the address on file with the IRS (normally this will be the address used when the 2015 IRS tax return was filed).

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		though 12d with codes D, E, F, G, H, and S.
Name of Person Who Made The Payme	ent Total Amount	Paid in 2015
L		
2. Child support received		
	ort received in 2015 for the children in you	ur household. Do not include foster care payments
	was court-ordered but not actually paid.	
Name of Adult Who Received the	Name of Child For Whom Support W	/as Amount of Child Support Received in
Support	Received	2015
3. Housing, food, and other living a	llowances paid to members of the mi	litary, clergy, and others
Include cash payments and/or the cash	value of benefits received. Do not include	the value of on-base military housing or the value
of a basic military allowance for housing		
Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015
	<u> </u>	<u> </u>
4. Veterans non-education benefits		
		Disability, Death Pension, Dependency and
Indemnity Compensation (DIC), and/or \	VA Educational Work-Study allowances. Do	o not include federal veteran's educational benefit
such as: Montgomery GI Bill, Dependen	ts Education Assistance Program, VEAP Be	nefits, and Post-9/11 GI Bill.
Name of Recipient	Type of Veterans Non-education Ber	nefit Amount of Benefit Received in 2015
5. Other untaxed income		
	e not reported and not excluded elsewher	re on this form. Include untaxed income such as
List the amount of other untaxed incom		re on this form. Include untaxed income such as a savings accounts from IRS Form 1040 Line 25,
List the amount of other untaxed incom workers' compensation, disability, Black	Lung Benefits, untaxed portions of health	savings accounts from IRS Form 1040 Line 25,
List the amount of other untaxed incom workers' compensation, disability, Black Railroad Retirement Benefits, etc. Do no	Lung Benefits, untaxed portions of health ot include any items reported or excluded	savings accounts from IRS Form 1040 Line 25,
List the amount of other untaxed incom workers' compensation, disability, Black Railroad Retirement Benefits, etc. Do no aid, Earned Income Credit, Additional Ch	Lung Benefits, untaxed portions of health ot include any items reported or excluded hild Tax Credit, Temporary Assistance to Ne	savings accounts from IRS Form 1040 Line 25, in 1-4 above. In addition, do not include student
List the amount of other untaxed incom workers' compensation, disability, Black Railroad Retirement Benefits, etc. Do no aid, Earned Income Credit, Additional Ch benefits, Supplemental Security Income	ELung Benefits, untaxed portions of health ot include any items reported or excluded nild Tax Credit, Temporary Assistance to No (SSI), Workforce Investment Act (WIA), ed	a savings accounts from IRS Form 1040 Line 25, in 1-4 above. In addition, do not include student eedy Families (TANF), untaxed Social Security ducational benefits, combat pay, benefits from
List the amount of other untaxed incom workers' compensation, disability, Black Railroad Retirement Benefits, etc. Do no aid, Earned Income Credit, Additional Ch benefits, Supplemental Security Income flexible spending arrangements (e.g., ca	Lung Benefits, untaxed portions of health ot include any items reported or excluded hild Tax Credit, Temporary Assistance to No (SSI), Workforce Investment Act (WIA), ed feteria plans), foreign income exclusion, or	a savings accounts from IRS Form 1040 Line 25, in 1-4 above. In addition, do not include student eedy Families (TANF), untaxed Social Security ducational benefits, combat pay, benefits from
List the amount of other untaxed incom workers' compensation, disability, Black Railroad Retirement Benefits, etc. Do no aid, Earned Income Credit, Additional Ch benefits, Supplemental Security Income	ELung Benefits, untaxed portions of health ot include any items reported or excluded nild Tax Credit, Temporary Assistance to No (SSI), Workforce Investment Act (WIA), ed	is savings accounts from IRS Form 1040 Line 25, in 1-4 above. In addition, do not include student eedy Families (TANF), untaxed Social Security ducational benefits, combat pay, benefits from r credit for federal tax on special fuels.

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6. Money received or paid on the student's behalf

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student's 2016-2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is the student's parent whose information is reported on the student's 2016-2017 FAFSA. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2015	Source

7. Verification of Other Untaxed Income for 2015 Additional information:

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veteran's education benefits, military housing, SNAP, TANF, etc. If more space is needed, provide a separate page with the student's name and ID number at the top.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015	
Comments:	j	,	
			- -
			- - -
			- - -
F. Certification and	Signatures		
Each person signing this workshe	eet certifies that all of the information repo	orted on it is complete and correct. The studation, you may be fined, be sentenced to j	_
Student's Signature	Date	Spouse's Signature (optional)	Date

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