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2024–2025 Verification Worksheet for Independent Student (LVRWSI-#12)

Your 2024–2025 Free Application for Federal Student Aid (FAFSA)/California Dream Act Application was selected for review in a process called verification. The law says that before awarding Federal/State Student Aid, we may ask you to confirm the information you reported on your FAFSA/California Dream Act Application. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA/California Dream Act Application with the information on this worksheet and with any other required documents. If there are differences, your FAFSA/California Dream Act Application 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. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Last Name First Name			M.I.	Student's ID (10 digit)	
Street Address	(include apt. no.)			Date of Birth	
City State			Zip Code	Email Address	
Home Phone N	umber (include area code)			Alternate or Cell Phone Number	
o They reco their suppo • Other per and they w The provice with whom	eive more than half of the ort from the student during rsons that they live with the vill continue to receive model of the student could claim the student could claim the of completing the 2024-	eir suppong the arche stude ore than archildr as a dep	ort from the student; an ward year. ent and they receive mo half their support from en" or "other persons" pendent on a U.S. tax re	live apart because of college enrollment); d they will continue to receive more than half are than half of their support from the student; the student from 7/1/2024-06/30/2025. The align with the requirement that family size align turn if the student were to file a U.S tax return dent should not include any unborn children in	
	Full Name	Age		Relationship	
				Self	

If more space is needed, attach a separate page with your name and Student ID number at the top. Please also complete reverse side

	MPORTANT: In the case of California Dream Act applicant, please iddition, if you have a child and biological parents live together, tax				
1. OI	I (<i>The Student and/or Spouse if married)</i> was (were) I he the 2024-2025 FAFSA to transfer 2022 federal tax in			ata Exchange (FA-DD	X)
	☐ I have not yet used the FA-DDX on the 2024-2025 FAFSA. ☐ I am unable to use the FA-DDX on the 2024-2025				•
	copy of my 2022 income tax return or with my 20 I earned income in 2022 but did not file a tax return.	urn becaus	se I was not required to	·	ne
2.	school with copies of my 2022 W2 and/or 1099 fo		complete the below cha	art).	
Employer's Name (Only complete if you did not complete a 2022 income tax return but earned income)			2022 Amount Earned	2022 IRS W2 attached?	
			\$		
			\$		
	Total Amount of Income Earned From Work		\$		
	Other: (explain:).	•
D. C	ertification and Signature				
V S	certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.			
_	s optional.	_	- <u></u>		
Student's Signature Spouse's Signature (optional)		_	Date		
			Date		

C. Student/Spouse Income Information to be Verified. Please check the one correct box in section C