

## 2019–2020 Verification Worksheet for Independent Student (MVRWSI-#12)

Your 2019–2020 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.

A. Independent S	Student's Information			
Last Name	First Name	M.I.	Student's ID (10 digit)	_
Street Address (inclu	de apt. no.)		Date of Birth	_
City	State	Zip Code	Email Address	_
Home Phone Numbe	r (include area code)	Alternate or Cell Phone Number		

## **B.** Independent Student's Family Information

List below the people in your household. Include:

- Yourself AND Your Spouse, if you are married.
  - o In the case of California Dream Act applicant, please include registered domestic partner information.
- Your children, if any, if you will provide more than half of their support from July 1, 2019, through June 30, 2020, or if the child would be required to provide your information if they were completing a FAFSA for 2019-2020. Include children who meet either of these standards, even if they do not live with you.
  - o If you listed any children and both biological parents live together both must be included.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

Include the name of the college for any household member who will be enrolled <u>at least half time</u>, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2019, and June 30, 2020.

Full Name	Age	Relationship	Will this person be attending College during 2019-19? (circle answer)	If YES, Name of College:	Enrolled in 6 units or more? (circle answer)
		Self	YES/NO		YES/NO
			YES/NO		YES/NO
			YES/NO		YES/NO
			YES/NO		YES/NO
			YES/NO		YES/NO
			YES/NO		YES/NO
			YES/NO		YES/NO
			YES/NO		YES/NO
			YES/NO		YES/NO

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

Student/Spouse Income Informal IMPORTANT: In the case of California Drear addition, if you have a child and biological parts.	m Act applicant, please ir	nclude registere	ed domestic par	tner tax information f	or your partner. In	
1.  \[ \] I ( <i>The Student and/or Spouse if m</i> \] used the IRS Data Retrieval Tool in the the initial FAFSA or when making a cor \[ \] I, ( <i>The Student and/or spouse if n</i> \] Web and I will submit a <b>2017 IR</b> \[ Tax return Transcripts go to \( \frac{ww}{MAIL''} \) link, or call 1-800-908-99 \( \frac{by the financial aid office}{l} \). (IF CI \[ \] I, the student, and my spouse file \( \text{photocopies of the income tax n} \] Other (explain: \[ \]	FAFSA on the Web to rection to the FAFSA. In arried), am unable or S Tax Return Transcript aw.IRS.gov/transcript au.46. Make sure you ord HECKED Skip to sectioned separately and will sections.	retrieve and to (IF CHECKED S) choose not to ot –not a photo and click on the ler the "IRS To on D-PAGE 2.) submit both ookip to section	cransfer 2017 is in the section of the interest of the interes	RS income information D) Data Retrieval Tool income tax return. 7 Sipts ONLINE or Get escript" only (unless	tion into either  n FAFSA on the  To obtain an IRS  Transcript BY  otherwise advised	
<ol> <li>I, The Student (and spouse if mar return. (IF CHECKED Skip to section D)</li> <li>I, The Student (and/or spous and have listed below the names of Non-filing Letter(s) from the IRS employer(s). (IF CHECKED, completed of Non-filing Letter)</li> <li>To obtain an IRS Verificat call 1-800-908-9946. If you using IRS Form 4506-T. Nerification of Non-filing</li> </ol>	se if married) was not rof all employers, the as and all copies of your ete the chart below the cion of Non-filing Lette by have never filed a tawail or fax the complet	required to filmount earned, and your speed continue to a return, you seed form to the	e a 2017 IRS To d from each er ouse's if marri o section D) o https://www must request e IRS. If you an	ax Return, but was en ployer in 2017. At ed, 2017 W-2 forms .irs.gov/individuals/	employed in 2017 tach a Verification sissued by your vertex or Non-filing Letter	
Em	Employer's Name			2017 TOTAL Am		
4. Other: (explain:		k and Comp	lete if appl	icable & reporte		
Either I, or if married my spouse v	who is listed in Section	B of this wor	ksheet, paid cl	nild support in 2017		
Name of person Who Paid Child Support	Name of Person to N Support was	rt was Paid Name o		Child for Whom ort was Paid	Amount of Child Support Paid in 2017	
Certification and Signature I 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 is optional.		WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.				
Student's Signature		Date				
Spouse's Signature		 Date				