

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 2017 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 II	NFORMATION				
Las	rt Name	First Name	M.I		'B' Num	ber
Add	dress (include	apt. #)			Date of B	irth
Cit	y	State	Zip Code	Phone Numbe	er (include	area code)
If	yes, enter coll	_	om another college this			
2. 3. 4. 5.	If male and un Were you born As of today, an Are you legall! Do you have c dependents wh than half of the Are you a vete	n before January 1, 1996, re you married? (Answer y married but separated? hildren who receive mor no live with you (other their support from you, noveran of the U.S. Armed Forms	you like us to register you? "Yes" if you are separate If yes, provide date of sepe than half of their support an your children and spour and through June 30, 20	paration rt from you, or other use) who receive more u20?	□Yes □Yes □Yes □Yes □Yes □Yes □Yes	□No □No □No □No □No □No
9. 10. 11.	you a depende Are you or we Are you or we At any time or that you were At any time or	nt or ward of the court? re you an emancipated me you in legal guardians or after July 1, 2018, dian unaccompanied youth or after July 1, 2018, dian confider July 1, 2018, dian confider July 1, 2018, dian unaccompanied youth or after July 1, 2018, dianaccompanied youth or after July 1, 2018, dianaccompanied youth	ninor as determined by a cohip as determined by a cod your high school or school who was homeless?	ourt in your state of legal residence? urt in your state of legal residence? ool district homeless liaison determinency shelter or transitional housing Development determine that you were	□Yes □Yes □Yes □Yes □	□No □No □No
13.	an unaccompa At any time or or transitional	nied youth who was hom n or after July 1, 2018, di	neless? d the director of a runawa e that you were an unacco eing homeless?	y or homeless youth basic center ompanied youth who was homeless	□Yes	
			For Office Us	e Only		1

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, 2019 through June 30, 2020; 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, 2018 through June 30, 2019.

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, 2019 and June 30, 2020, 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, 2019 through June 30, 2020 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, 2019 through June 30, 2020.

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, 2019 and June 30, 2020, 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 2017. (Failure to complete this section will delay the processing of your financial aid.)

*Please report amounts received for the entire 2017 calendar year **DO NOT LEAVE THIS PAGE BLANK**

Student/Spouse	Calendar Year 2017	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). <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 2017?

Did you and/or your parents receive County Benefits (i.e. SNAP, CalWORKs, etc.) in 2017?

Yes

No

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 2017
Marty Jones (example)	Chris Smith	Terry Jones	\$6,000.00
. STUDENT'S/SPOUSI	E TAX FORMS AND INCOME I	NFORMATION	
You did not file and are not re se the W-2 form or other earni	quired to file a 2017 Federal income tax range statements if available).	eturn, list below your employer(s)	and any income received in
g., CalWORKs, SSI, SNAP-fo	amounts of money received from January ormerly known as food stamps, disability by oyment insurance income if tax return not	ncome) and earnings or income n	
	Source of Money	Jan	Annual Amount uary 2017-December 2017
	Source of Money	\$	
		\$	
		\$	
	Total	\$	
your parent(s) did not file and come they received in 2017 (units the sources and its below all of the sources and ntaxed income (e.g., CalWORK	are not required to file a 2017 Federal incomes the W-2 form or other earning statement amounts of money your parent's received to S., SSI, SNAP-formerly known as food state (e.g., unemployment insurance income in	ome tax return, list below your pa ts if available). from January 1, 2017 through Deamps, disability income) and earns	ecember 31, 2017. Include
		Ion	Annual Amount uary 2017-December 2017
	Source of Money	\$	uuij 2017-December 2017
		\$	
		· ·	
		\$	
	Total	\$	
	l information reported on this worksheet is purposely give false or misleading inforn		
tudent Signature		Date	
arent Signature (if applicable)		 Date	