



2016-2017 California Dream Act Verification Form

The California Student Aid Commission has selected your financial aid application for a review process called *verification*. In this process, the financial aid office will be comparing information from your application with this worksheet to determine your eligibility for the Cal Grant Program. State regulations require colleges to ask for this information before disbursing state aid. If there are differences between your application and the documents you provide, your financial aid application information will need to be corrected by your Financial Aid Administrator. **Please read all instructions carefully before completing this form to avoid delaying your financial aid awards.**

INSTRUCTIONS:

Complete all required sections of this worksheet and provide all required documentation and signatures. In order to complete your financial aid file, you may be required to provide additional documentation in addition to this verification worksheet.

SECTION A: STUDENT INFORMATION

| | | |
|----------------------------|------------|----------------------------------|
| Last Name | First Name | Student ID Number |
| Address (include apt. no.) | | Date of Birth (____)_____ |
| City | State | Zip |
| | | Phone Number (include area code) |

SECTION B: FAMILY INFORMATION

List the people in your household. Use a separate sheet of paper if there are more than 6 people in your household.

- IF YOU ARE A DEPENDENT STUDENT, INCLUDE:**
- ✓ Yourself (even if you are not currently living with your parents).
 - ✓ Your parent(s), including stepparent.
 - ✓ Your parents' other children, **IF** your parents will provide more than half of their financial support from 07/01/16 through 06/30/17 (even if they are not currently living with your parents).
 - ✓ Other people, **IF** they now live with your parents and your parents will provide more than half of their financial support from 07/01/16 through 06/30/17.

- IF YOU ARE AN INDEPENDENT STUDENT, INCLUDE:**
- ✓ Yourself.
 - ✓ Your spouse, if married.
 - ✓ Your children, **IF** you will provide more than half of their financial support from 07/01/16 through 06/30/17.
 - ✓ Other people, **IF** they now live with you and you will provide more than half of their financial support from 07/01/16 through 06/30/17.

| FULL NAME | AGE | RELATIONSHIP (to student) | COLLEGE NAME (if currently enrolled) | Will be Enrolled at Least 6 units (yes or no) |
|-----------|-----|------------------------------|---|--|
| 1. | | SELF (Student) | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

SECTION C: STUDENT'S/SPOUSE'S (IF MARRIED) INCOME INFORMATION (all applicants)

PLEASE CHECK ONE APPROPRIATE BOX BELOW:

- Check here if the student filed taxes in 2015.**

You are required to provide a copy of your **2015 IRS TAX RETURN TRANSCRIPT**. Please note, 1040, 1040A, or 1040EZ forms or account transcripts are no longer accepted as proof of tax filing. Only 2015 *IRS Tax Return Transcripts* are accepted. A copy of your 2015 *IRS Tax Return Transcript* may be requested from the IRS by ordering online at www.irs.gov or by calling 1-800-908-9946.

- Check here if the student did not file and is not required to file taxes in 2015.**

If you did not file taxes in 2015, please complete the student portion of **SECTION E-1: INCOME CERTIFICATION** on the next page. If the student was employed anytime in 2015, please attach a copy of the all **2015 W2 forms** even if the student was not required to file taxes in 2015.

SECTION D: PARENT'S INCOME INFORMATION (for DEPENDENT students only)

PLEASE CHECK ONE APPROPRIATE BOX BELOW:

 Check here if the student's parent(s) filed taxes in 2015.

The student's parent(s) is required to provide a copy of their **2015 IRS TAX RETURN TRANSCRIPT**. Please note, 1040, 1040A, or 1040EZ forms or account transcripts are no longer accepted as proof of tax filing. Only 2015 *IRS Tax Return Transcripts* are accepted. A copy of your 2015 *IRS Tax Return Transcript* may be requested from the IRS by ordering online at www.irs.gov or by calling 1-800-908-9946.

 Check here if the student's parent(s) **did not file and is not required to file taxes in 2015**.

If the student's parent(s) did not file taxes in 2015, please complete the parent portion of **SECTION E-1: INCOME CERTIFICATION** below. If the student's parent(s) was employed anytime in 2015, please attach a copy of the all **2015 W2 forms** even if the student's parent(s) was not required to file taxes in 2015.

SECTION E: INCOME CERTIFICATION

E-1: NON TAX FILERS: If you/your spouse/your parent(s) had earnings from work but did not file an IRS Tax Return, you must attach ALL W2 forms as supporting documentation and list your income below. You must also report any earned income paid in cash.

| | Employers/Sources of Income | Total income amount in 2015 | Paid in Cash | W2 attached |
|-----------------------------------|-----------------------------|-----------------------------|--------------|-------------|
| Student's Income | | | YES/NO | YES/NO |
| Spouse's Income (if married) | | | YES/NO | YES/NO |
| Parent's Income (if dependent) | | | YES/NO | YES/NO |

E-2: LOW INCOME CERTIFICATION: A review of your financial aid file has determined that your reported 2015 income on the FAFSA is insufficient to provide basic average living expenses (such as food, clothing, shelter and other necessities) for your household size. Unusually low income can sometimes indicate unreported financial resources. In order to continue with the application process for financial aid, please use the space below to provide a detailed explanation of how your household expenses were met in 2015. Please be specific about financial resources that are not yet reported anywhere else on your application (e.g., Section 8 housing, TANF/cash aid, disability benefits, social security income, alimony, child support received, worker's comp, financial aid, etc.). In addition, please specify if you received financial or in-kind support from friends or relatives (e.g., monetary gifts, borrowed money, free room and board, free meals, or if someone pays your bills on your behalf, etc.). **Attach a separate sheet if additional space is needed.**

SECTION F: FOOD STAMPS (SNAP) AND/OR CHILD SUPPORT INFORMATION Check this box if one of the people included in your household on your financial aid application received benefits from the **Supplemental Nutritional Assistance Program** or SNAP (formerly known as food stamps) anytime in 2015 or 2016. Check this box if someone in your household **paid child support in 2015**. Please complete the section below.

*Note: Children listed below cannot be included in the household unless you are currently supporting them for 2016. (Provide written statement)

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support was Paid | The Age of the Child | Amount of Child Support Paid in 2015 |
|---------------------------------------|---|---|----------------------|--------------------------------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

SECTION G: SIGN THIS WORKSHEET

By signing this form, I/we certify that all the information reported is complete and correct. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student Signature_____
Date_____
Parent Signature (for Dependent Students only)_____
Date