

El Camino College (ECC) - 16007 Crenshaw Blvd. ◆ Torrance, CA 90506 ☎1-310-660- 3493 ◆ 🖃 www.elcamino.edu ECC Compton Center (COM) - 1111 E. Artesia Blvd., E-17 ◆ Compton, CA 90221 ☎1-310-900-1600 x 2935 ◆ 🖃 www.compton.edu

Verification Form - V5

Your 2014-2015 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The Financial Aid Office will compare your FAFSA with the information on this form and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent (if a dependent student) must complete and sign this form, attach any required documents, and submit the form and other required documents to the Financial Aid Office. Incomplete forms or forms without required documentation will not be accepted. Please complete sections A-I in black or blue ink. If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

where a <u>response</u> is requested, or	enter 0 in an area where an	<u>amount</u> is requeste	d.
A. Student's Information			
El Camino College ID Number	Last 4 Digits of Social Sec	curity Number	Date of Birth (mm/dd/yyyy)
Last Name	First Name		Middle Name
B. Student's Family Informa	ation_		
if needed. Also write the name of the	e college for any household r	nember, excluding	hold members below. Attach a separate payour parent(s) who will be attending colleg legree, diploma, or certificate program.
 Dependent Student* Please include: Yourself and your parent(s) (included on't live with your parents; and Your parent(s') other children, everyour parent(s), if (a) your parents whalf of their support from July 1, 20 or (b) the children would be required information when applying for Federal Other people if they now live with parents provide more than half of the continue to provide more than half July 1, 2014 through June 30, 2015 Include the name of the college for excluding your parent(s), who will time in a degree, diploma, or certification postsecondary educational institution 2014 through June 30, 2015. Attaction 	n if they don't live with will provide more than 014 through June 30, 2015, ed to provide parental leral Student Aid; and your parents AND your heir support AND will of their support from 5; and any household member, be enrolled, at least halficate program at a on any time between July 1,	 Your children, support from J they do not liv Other people i more than half provide more through June 3 Include the na member(s) enror certificate p institution any 2015. Attach **A student is 	rour spouse, if married; and if you will provide more than half of their uly 1, 2014 through June 30, 2015, even if e with you; and f they now live with you AND you provide of their support AND will continue to than half of their support from July 1, 2014
* A student is considered depende provide parental data on the FA			

Full Name	Age	Relationship	College	Will be Enrolled at Least Half-Time
Missy Jones (example)	18	Sister	Central University	Half-Time
		Self		

nation to	Be Verified
n, military	nefits, TANF, CalWORKs, unemployment housing allowance, VA Non-Educational I have indicated the source and the amount
	2013 Amount
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	d successfully transfer my 2013 IRS income d Office will verify this. Skip to Section D.
the Web. A	A 2013 IRS tax return transcript is attache
work in 20	13.
	ed to file a 2013 income tax return with the IR
arned. Cop	pies of W-2's are attached.
	2013 Amount Earned
	\$2,000.00 (example)
ers compens	rity benefits, TANF, CalWORKs, sation, military housing allowance, VA Noned in 2013). I have indicated the source and t
	2013 Amount
	2013 Amount
	eve and successfully transfer 2013 IRS income office will verify this. Skip to Section E.
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Student's Name:

Last 4 digits of SSN:

	udent's Name:		Last 4 digits of SSN:	
	SNAP Information to	Be Verified		
•	benefits from the Suppler	meone in the student's/parent nental Nutrition Assistance Pro the 2012 or 2013 calendar year	ogram or SNAP (formerly k	
	One of the persons listed	in Section B of this worksheet rec	eived SNAP benefits in 2012	or 2013.
	Child Support Informa	ation to Be Verified		
	Check the box and compl	ete the section below if child s	upport was paid in 2013.	
	paid child support in 201; person to whom the child annual amount of child su	adependent, or one (or both) of you 3. I have indicated below the name support was paid, the names of the apport that was paid in 2013 for each apport. If you need more space, at urity Number at the top.	of the person who paid the cle children for whom child sup ch child. If asked by the school	hild support, the name of the oport was paid, and the total ol, I will provide documentat
	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 2013
	Marty Jones (example)	Chris Smith	Terry Jones	\$6,000.00
	Check the box below that I graduated from a Unite	ion Status H SCHOOL EQUIVALENCY AND applies to you and attach an od States or foreign high school and Please do not abbreviate name)	fficial transcript to this for d received a diploma – Month	and Year:/
	PLEASE REVIEW THE HIGH Check the box below that I graduated from a Unite	d States or foreign high school and Please do not abbreviate name)	fficial transcript to this for d received a diploma – Month	and Year:/
	PLEASE REVIEW THE HIGH Check the box below that I graduated from a Unite Name of High School (I	d States or foreign high school and Please do not abbreviate name)	fficial transcript to this for directived a diploma – Month	and Year:/
	PLEASE REVIEW THE HIGH Check the box below that I graduated from a Unite Name of High School (I I completed a home scho	A SCHOOL EQUIVALENCY AND applies to you and attach an ord States or foreign high school and Please do not abbreviate name)	fficial transcript to this for directived a diploma – Month Year State: onth/ Year	and Year:/
	PLEASE REVIEW THE HIGH Check the box below that I graduated from a Unite Name of High School (Fig. 1) I completed a home school I received a General Edu I passed the California H	d States or foreign high school and Please do not abbreviate name) ol curriculum: Month	fficial transcript to this for directived a diploma – Month Year State: onth/ Year on (CHSPE): Month	and Year:/

Revised: 1/30/14

Student's Name:	Last 4 digits of SSN:
	sent a valid government issued photo identification such as a fication, military identification, or passport.
	and Statement of Educational Purpose To Be Signed at the Institution)
verify his or her identity by presenting a variety driver's license, other state-issued identification that is annotated with authorized to verify the student's identification	to ame of Postsecondary Educational Institution) alid government issued photo identification, such as, but not limited to, a cation, or passport. The institution will maintain a copy of the student's the date it was received and the name of the official at the institution ation.
Sta	atement of Educational Purpose
	am the individual signing this s Name) and that the federal student financial assistance
I may receive will only be used for (Name of Postsecondary Education	educational purposes and to pay the cost of attending for the 2014-2015 Award Year. onal Institution)
Student's Signature	 Date
Student's Identification Number	

ient s ivanie.		Last 4 digits of SSN:	
heck the box below an	d complete the section if you	are unable to appear in person.	
such as a driver's lic		y of a valid government issued photo identific on, military identification, or passport and an o	
	Statement of Ed	ucational Purpose	
I certify that I		am the individual signing this	
•	(Print Student's Name)	am the individual signing this	
Statement of Ed I may receive w	ducational Purpose and that the ill only be used for educational	federal student financial assistance purposes and to pay the cost of attending for the 2014-2015 Award Year.	
(Name of Posts	econdary Educational Institution	n)	
Student's Signa	ture	 Date	
Student's Identi	fication Number		
	Notary's Certificate	of Acknowledgement	
State of	Notary's Certificate		
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State of City/County of On (Date) personally appeared,	Notary's Certificate, before me, (Printed Name of S	(Notary's Name), and provided to me	
State of City/County of On (Date) personally appeared,	Notary's Certificate, before me, (Printed Name of Sevidence of identification		
State of City/County of On (Date) personally appeared, on basis of satisfactory	Notary's Certificate, before me, (Printed Name of Sevidence of identification	(Notary's Name), and provided to me Signer) e of government issued photo ID provided)	
State of City/County of On (Date) personally appeared, on basis of satisfactory	Notary's Certificate, before me, (Printed Name of 3 evidence of identification (Typ person who signed the foregoing contact the contact to the cont	(Notary's Name), and provided to me Signer) e of government issued photo ID provided)	
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State of	Notary's Certificate, before me, (Printed Name of Sevidence of identification (Typerson who signed the foregoind official seal	(Notary's Name), and provided to me Signer) e of government issued photo ID provided) ng instrument.	

gnatures heet is complete and correct and that the federal al purposes to pay the cost of attending El Camino dependent student) must sign and date below.
al purposes to pay the cost of attending El Camino
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WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Revised: 1/30/14