



Verification Form – V6

Your 2015-2016 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-E 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.

A. Student's Information

El Camino College ID # Last 4 Digits of Social Security Number Date of Birth (mm/dd/yyyy)
Last Name First Name Middle Name

B. Student's Family Information

Please check the box that indicates your current status. Write the names of all household members below.

Dependent Student\*

Please include:

- Yourself and your legal parent(s) (biological, adoptive, or as determined by the state), even if you don't live with your parents. Grandparents, foster parents, legal guardians, widowed stepparents, aunts and uncles are not considered parents on this form unless they have legally adopted you. If your legal parents are married to each other, or are not married to each other and live together, answer the questions about both of them; and
• Your parent(s)' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2015 through June 30, 2016, or (b) the children would be required to provide parental information when applying for Federal Student Aid; and
• Other people if they now live with your parents AND your parents provide more than half of their support AND will continue to provide more than half of their support from July 1, 2015 through June 30, 2016; and
• Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half-time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015 and June 30, 2016. Attach a separate page if needed.

\* A student is considered dependent if he/she was required to provide parental data on the FAFSA

Independent Student\*\*

Please include:

- Yourself and your spouse, if married; and
• Your children, if you will provide more than half of their support from July 1, 2015 through June 30, 2016, even if they do not live with you; and
• 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 from July 1, 2015 through June 30, 2016; and
• Include the name of the college for any household member(s) enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015 and June 30, 2016. Attach a separate page if needed.

\*\*A student is considered independent if he/she was not required to provide parental data on the FAFSA

(continued next page)

Student's Name: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

Student's Family Information (continued)

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

C. Student's (and Spouse if Married) Income Information to be Verified

**Filed a tax return**

- I used the IRS Data Retrieval Tool on FAFSA on the Web to retrieve and successfully transfer my 2014 IRS income information into the FAFSA. Data has not changed and the Financial Aid Office will verify this. Skip to Section D.
- I am unable to use the IRS Data Retrieval Tool on FAFSA on the Web. **A 2014 IRS tax return transcript is attached.** Skip to Section D.

**Did not file a tax return**

- I/we was/were not employed and had no income earned from work in 2014.
- I/we was/were employed in 2014, but will not file and am/are not required to file a 2014 income tax return with the IRS. Listed below are the names of the employer and the amount earned. **Copies of W-2's are attached.**

Employer's Name	2014 Amount Earned
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00 (example)</i>

D. Parent's Income Information to be Verified for DEPENDENT STUDENTS - Note: If two parents were reported in Section B of this worksheet, the instructions and certifications below refer and apply to both parents.

**Filed a tax return**

- My parents used the IRS Data Retrieval Tool on FAFSA on the Web to retrieve and successfully transfer 2014 IRS income information into the FAFSA. Data has not changed and the Financial Aid Office will verify this. Skip to Section E.
- My parent(s) is/are unable to use the IRS Data Retrieval Tool on FAFSA on the Web. **A 2014 IRS tax return transcript is attached.** Skip to Section E.

**Did not file a tax return**

- My parent(s) was/were not employed and had no income earned from work in 2014.
- My parent(s) was/were employed in 2014, but will not file and is/are not required to file a 2014 income tax return with the IRS. Listed below are the names of the employer and the amount earned. **Copies of W-2's are attached.**

Employer's Name	2014 Amount Earned
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00 (example)</i>

E. SNAP Information to be Verified

**Check the box below if someone in the student's/parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years.**

- One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015.

Student's Name: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

**F. Child Support Information to be Verified**

**Check the box and complete section below if child support was paid in 2014.**

You or your spouse, if independent, or one (or both) of your parents, if dependent, listed in Section B of this worksheet paid child support in 2014. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2014 for each child. If asked by the school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes the student's name and last 4 digits of Social Security Number at the top.*

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 2014
<i>Marty Jones (example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

**G. Verification of Other Untaxed Income for 2014** Provide information requested.

Source of Income	Student	Parent(s) If Dependent
Child support received (do not include foster care or adoption payments)	\$	\$
Disability/workers compensation		
Housing, food and other living allowances paid to members of the military clergy and others		
Payments to tax-deferred pension and retirement savings (attach W2)		
Veterans non-education benefits		
Other untaxed income		
Money received or paid on student and spouse (if married) or parent(s) behalf		

**Additional information of Sources of support for 2014 (✓) check all that apply for you (and your spouse if married) and your parents for dependent students.**

<input type="checkbox"/> TANF/Cal Works	<input type="checkbox"/> Help from church	<input type="checkbox"/> WIC
<input type="checkbox"/> General Relief	<input type="checkbox"/> Financial Aid/ Scholarships	<input type="checkbox"/> SNAP
<input type="checkbox"/> SSI	<input type="checkbox"/> Shared expenses	<input type="checkbox"/> Free or Reduced Lunch
<input type="checkbox"/> Free Housing/Section 8	<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Other _____

**Additional Information**

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**