



Financial Aid Office

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

Dependent Student

2017-2018 Verification Worksheet (V4)

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for review by the U.S. Department of Education in a process called "Verification." We will compare information from your FAFSA with information on this worksheet and any other required documents. If there are differences your FAFSA information may need to be corrected. **DIRECTIONS:** Read and complete each section in blue or black ink. All requested documents must be submitted at the same time.

SECTION A: STUDENT INFORMATION

_____ / ____ / ____
 Last Name First Name MI Date of Birth
 _____ (_____) _____
 El Camino College ID # Last 4 Digits of Social Security Number Telephone Number to best reach you

SECTION B: HOUSEHOLD INFORMATION (If more space is needed, provide a separate page)

1. Yourself and your parent(s) even if you do not live with your parent(s).
2. Your parent(s) other children even if they do not live with your parent(s), if (a) your parents will provide more **than half of their support** through June 30, 2018; OR (b) if the children would be required to provide parent information on the FAFSA.
3. Other people **only if** they now live with your parent(s) AND your parent(s) currently provide **more than half of their support** AND will continue to provide more than half of their support through June 30, 2018. **Do not include** any people who live with your parent(s) but support themselves with their own income, even if some household expenses are shared.
4. **Number in College:** Include in the space below information about any parent(s) household member, **excluding** your parent(s) **who is or will be enrolled at least half-time** in a degree, diploma, or certificate program at an eligible postsecondary education institution any time through June 30, 2018, and include the name of the college. The first line below should be completed by entering your own name, age, and planned enrollment at the college.

Full Name	Age	Relationship to Student	Full College Name <i>Do not list name(s) of colleges that your PARENT(S) attend.</i>	Will be Enrolled at least Half-Time?
		Self	El Camino College	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

