



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

Independent Student

2017-2018 Verification Worksheet (V1)

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 spouse, if applicable.
2. Your children even if they do not live with you, if you will provide more **than half of their support** through June 30, 2018.
3. Other people **only if** they now live with you AND you 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 you 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 household member **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

SECTION C: STUDENT'S (and SPOUSE) TAX FORMS AND INCOME INFORMATION

Select **ONLY ONE** of the following options with required documentation, if applicable. **NOTE:** The IRS Tax Transcript, IRS Wage and Income Transcript, and IRS Verification of Non-Filing Letter can be requested online at <https://www.irs.gov/individuals/get-transcript> or by calling 1-800-908-9946.

TAX FILER

- I/we used the IRS Data Retrieval Tool when completing the FAFSA and the data was successfully transferred.
- I/we did not or could not use the IRS Data Retrieval Tool when completing the FAFSA.

Documentation Required: Copy of student's (and spouse's) 2015 IRS Tax Return Transcript(s).

SECTION C: STUDENT'S (and SPOUSE) TAX FORMS AND INCOME INFORMATION (Continued)

NON-TAX FILER – COMPLETE THIS SECTION IF YOU DID NOT FILE TAXES IN 2015

I/we did not work and had no earned income in 2015.

Documentation Required: IRS Verification of Non-filing Letter.

I/we worked in 2015 but did not file AND was/were not required to file a 2015 Federal Income Tax Return.

Documentation Required: Copy of student's (and spouse's) W-2 Form(s), 1099 Form(s), or IRS Wage and Income Transcript AND IRS Verification of Non-Filing Letter. List every employer even if the employer did not issue an IRS W-2 Form.

Employer's Name (If more space is needed, provide a separate page)	Annual Amount Earned in 2015
	\$
	\$
	\$

SECTION D: CERTIFICATION AND SIGNATURES

By signing below, I certify the information reported on this worksheet is complete and accurate and authorize the Financial Aid Office to perform necessary electronic corrections on my behalf. I agree to provide proof of any information reported on this form or on my FAFSA. I realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I also understand if I purposely give false or misleading information, I may be fined, sentenced to jail, or both.

Student Signature

Date

Spouse Signature (Optional)

Date