



# 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

## 2016-2017

### Verification Worksheet – V6

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called “Verification”. In this process we compare your FAFSA with information on this worksheet and other required documents, such as your 2015 IRS tax information. Please complete form in blue or black ink. **ALL REQUESTED FORMS AND/OR DOCUMENTS MUST BE SUBMITTED AT THE SAME TIME.**

#### 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	

#### FAMILY/HOUSEHOLD INFORMATION (Please check one of the boxes below).

- Dependent Student:** *A student is considered dependent if he/she was required to provide parent information on the FAFSA.* List the people in your parent(s) household (including stepparent). Please include:
- Yourself and your legal parent(s) (biological, adoptive, or as determined by the state), even if you don’t live with your parent(s). **Note:** 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.
  - Your parent(s) other children (even if the children do not live with your parent(s)) **if (a)** your parent(s) will provide more than half of their support between July 1, 2016 and June 30, 2017, **or (b)** if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017.
  - Other people if they now live with your parent(s) **and** your parent(s) will provide more than half of their support **and** will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

- Independent Student:** *A student is considered independent if he/she was NOT required to provide parent information on the FAFSA.* List the people in your household. Please include:
- Yourself, your spouse (if married), and your children(even if the children do not live with you) if **(a)** you will provide more than half of their support between July 1, 2016 and June 30, 2017.
  - Other people if they now live with you and you are providing more than half of their support **and** will continue to provide more than half of their support between July 1, 2016 and June 30, 2017.

**Write the names of all household members including yourself below. Also write the name of the college for any family member, excluding your parent(s) (if dependent), who will be attending college at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution between July 1, 2016 and June 30, 2017. If more space is needed, attach a separate page with student’s name and ECC ID# at the top**

Full Name	Age	Relationship to Student	College Attending	Will be enrolled at Least Half-Time?
Theodore Smith (example)	19	Brother	Yellowstone University	Half-Time
		Self		

**STUDENT'S (AND SPOUSE'S, IF MARRIED) INCOME INFORMATION**

Check the appropriate boxes below and provide the requested information and documents.

- I/we used the IRS Data Retrieval Tool to transfer my/our 2015 income information to the FAFSA.
- I/we did not (or could not) transfer my/our 2015 income information to the FAFSA using the IRS Data Retrieval Tool. I/we have attached a copy of my/our 2015 IRS Tax Return Transcript(s).
- I was not employed, had no income earned from work in 2015, and did not and was not required to file taxes for 2015.
- I/we worked but did not and were not required to file a 2015 Federal Income Tax Return. I/we have listed below the names of all employers and the amount earned from each employer in 2015. I/we provided copies of all 2015 IRS W-2 forms or 1099's issued to me/us.

Employer's Name	2015 Amount Earned
<i>Acme Auto Body Shop (example)</i>	<i>\$2,000.00</i>

**PARENT(S) INCOME INFORMATION (required if you are consider dependent)**

Check the appropriate boxes below and provide the requested information and documents.

- I/we used the IRS Data Retrieval Tool to transfer my/our 2015 income information to the FAFSA.
- I/we did not (or could not) transfer my/our 2015 income information to the FAFSA using the IRS Data Retrieval Tool. I/we have attached a copy of my/our 2015 IRS Tax Return Transcript(s).
- I was not employed and had no income earned from work in 2015, and did not and was not required to file taxes for 2015.
- I/we worked but did not and were not required to file a 2015 Federal Income Tax Return. I/we have listed below the names of all employers and the amount earned from each employer in 2015. I/we provided copies of all 2015 IRS W-2 forms or 1099's issued to me/us.

Employer's Name	2015 Amount Earned
<i>Acme Auto Body Shop (example)</i>	<i>\$2,000.00</i>

**SNAP INFORMATION TO BE VERIFIED** – In 2014 or 2015, did you (or spouse, if married) or your parent(s) (if required to provide parent information on the FAFSA), or anyone in your, or your parent(s) household receive SNAP benefits? In California, this benefit is called Cal Fresh (and is also known as food stamps).

Yes  No  If yes, list the household member who received SNAP benefits: \_\_\_\_\_

**CHILD SUPPORT INFORMATION TO BE VERIFIED** – Did you, your spouse (if married) or parent(s) (if required to provide parent information on the FAFSA), pay child support in 2015? Yes  No

If yes, please complete the information below. Note: We may require additional documents before we can determine your eligibility. If more space is needed, attach a separate page with student's name and ECC ID# 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 2015

**VERIFICATION OF OTHER UNTAXED INCOME** – Did you, your spouse (if married) or parent(s) (if required to provide parent information on the FAFSA), receive untaxed income in 2015. If yes, check all boxes that apply and list the **total annual amount** received.

<input type="checkbox"/> <b>Payments to tax-deferred pension and retirement savings</b> List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S. Student: \$ _____ Parent(s): \$ _____
<input type="checkbox"/> <b>Child support received</b> List the actual amount of any child support received in 2015 for the children in your household. <b>Do not include</b> foster care payments, adoption payments, or any amount that was court-ordered, but not actually paid. Student: \$ _____ Parent(s): \$ _____
<input type="checkbox"/> <b>Housing, food, and other living allowances paid to members of the military, clergy, and others.</b> Include cash payments and/or the cash value of benefits received. <b>Do not include</b> the value of on-base military housing or the value of a basic military allowance for housing. Student: \$ _____ Parent(s): \$ _____
<input type="checkbox"/> <b>Veterans non-education benefits</b> - List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. <b>Do not include</b> federal veterans educational benefits such as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits. Student: \$ _____ Parent(s): \$ _____
<input type="checkbox"/> <b>Other untaxed income</b> - List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. <b>Do not include</b> extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance for Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels. Student: \$ _____ Parent(s): \$ _____
<input type="checkbox"/> <b>Money received or paid on the student's behalf</b> - List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student's 2016–2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions <b>unless the person is the student's parent whose information is reported on the student's 2016–2017 FAFSA</b> . Amounts paid on the student's behalf also include any distributions to the student from a 529 plan <u>owned by someone other than the student or the student's parents</u> , such as grandparents, aunts, and uncles of the student. Student: \$ _____ Parent(s): \$ _____

**ADDITIONAL INFORMATION** – Did you, your spouse (if married) or parent(s) (if required to provide parent information on the FAFSA), receive other sources of untaxed income in 2015? Yes  No  If yes, check  all that apply.

<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 _____

***(IMPORTANT!! READ CERTIFICATION AND SIGN WORKSHEET ON REVERSE SIDE)***

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

ECC ID \_\_\_\_\_

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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION – SIGN THE WORKSHEET**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if dependent student)

\_\_\_\_\_  
Date