



--	--	--	--	--	--	--	--	--	--

Last Name

First Name

Middle Initial

LACCD ID

Your 2017–2018 Free Application for Federal Student Aid (FAFSA) or California Dream Act Application (CADAA) was selected for review in a process called verification. Your college is required to confirm the information you reported on your FAFSA (or CADAA). Please complete this form and return it to the Financial Aid Office at your college. The college may also ask for additional information. If you have questions about verification, contact the Financial Aid Office as soon as possible so that your financial aid will not be delayed.

SECTION A: INDEPENDENT STUDENT’S FAMILY INFORMATION

List below the people in your household. Include:

- Yourself (and your spouse, if married).
- Your and your spouse’s children, if any, if you will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the children would be required to provide your information if they were completing a FAFSA (or CADAA) for 2017–2018. Include children who meet either of these standards, even if they do not live with you.
- 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 through June 30, 2018.

Include the name of the college for any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution (college or university) any time between July 1, 2017, and June 30, 2018. *If you need more space, attach a separate page with your name and Social Security Number at the top.*

Full Name	Age	Relationship	College	Will be enrolled at least half-time?
<i>Marty Jones (example)</i>	35	<i>Self</i>	<i>LA College</i>	Yes
		<i>Self (Student)</i>		

SECTION B: INDEPENDENT STUDENT’S INCOME INFORMATION

Check the ONE box that applies:

- (For FAFSA filers only) The student (and spouse, if married) has filed a 2015 federal tax return and has used the **IRS Data Retrieval Tool** in *FAFSA on the Web* to transfer 2015 IRS income tax return information into the student’s FAFSA.
- The student (and spouse, if married) has filed a 2015 federal tax return and was unable or chose not to use the IRS Data Retrieval Tool (available only in *FAFSA on the Web*), and instead will provide the college with a copy of their **2015 IRS Tax Return**.
- The student (and spouse, if married) did not file a 2015 federal tax return and was not employed and had no income earned from work in 2015.
- The student (and spouse, if married) was employed in 2015 and did not file a 2015 federal tax return. In the following chart, list the names of all employers, the amount earned from each employer in 2015, and whether an **IRS 2015 W-2 form** (or **IRS Wage and Income Transcript*****) is provided. List every employer even if the employer did not issue an IRS W-2 form. If applicable, explain on the line below why the student (and spouse, if married) is unable to supply an IRS W-2 form or IRS Wage and Income Transcript.

Student Name _____

LACCD ID

--	--	--	--	--	--	--	--	--	--

***IRS Wage and Income transcripts can be requested online at www.irs.gov/Individuals/Get-Transcript, or by phone at 800-908-9946, or by paper form (IRS Form 4506T-EZ or IRS Form 4506-T).

Important Note: If the student filed or will file an amended 2015 IRS tax return, they must contact their college's Financial Aid Office for additional instructions.

Employer's Name	IRS W-2 Provided?	2015 Amount Earned
Suzy's Auto Body Shop (example)	Yes	\$2,000.00 (example)

SECTION C: CERTIFICATION AND SIGNATURE

By signing this worksheet, I certify that all the information reported on it is complete and correct. I understand that I must submit any required documents and forms as noted above, based on my circumstances, before my financial aid file may be ready for review. I also understand that false statements and/or misrepresentations on this worksheet may result in fines, sentencing to jail, loss of financial aid eligibility, and/or required repayment of financial aid already received.

Student's Signature

Date

FAO STAFF USE

SSN

--	--	--	--	--	--	--	--	--	--