

Return to: Ohlone College Financial Aid Office Building 7, 2nd Floor 43600 Mission Blvd. Fremont, CA 94539 510-659-7309 (Fax)

Name of Financial	Aid Applicant (Please print)	
Last	First	Middle
Student ID Number:		

V6-HOUSEHOLD RESOURCES VERIFICATION GROUP

Your 2015–2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. Federal law says that before awarding Federal Student Aid, we must confirm the information you reported on your FAFSA. To verify that you provided correct information, your Financial Aid case manager will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information will need to be corrected. You, your parents, and your spouse (if applicable) must complete and sign this worksheet, and submit the form and other required documents to the Financial Aid case manager. If you have questions about verification, contact your Financial Aid case manager as soon as possible so that your financial aid will not be delayed. Processing can take 4-6 weeks.

A. FAMILY INFORMATION

DEPENDENT STUDENT	INDEPENDENT STUDENT
Dependent students are those who were born on or after 01/01/1992, are single, have no dependents, do not have a Bachelor Degree, are not working on Master Degree, and have contact with your parent(s). List: - Yourself - Your parents - Your siblings who receive more than 50% of their support from your parents (including those that are required to provide your parents' income information on 15-16 FAFSA even though they don't live with your parents), - Other people who live and receive more than 50% of their support from your parent(s) from July 1, 2015 to June 30, 2016	Independent students are those who were born before 01/01/1992 and who do not meet the criteria listed under Dependent students. List: -Yourself, your spouse (if married), -Your children, if any, who receive more than 50% of their support from you from July 1, 2015 to June 30, 2016, including those who would be required to provide your information when they fill out their 2015-2016 FAFSAOther people who live and receive more than 50% of their support from you from July 1, 2015 to June 30, 2016.

Please look at the information above to determine your dependency status and provide your household information in the table below.

Note:

- -If your dependency status cannot be determined, please contact the Financial Aid Office Administrator for guidance.
- -If your biological parents are never married/separated/divorced but still living together, you must provide information about both of them.
- -Same sex couples, if legally married at any state or foreign country, must provide information for both.
- -Do not include foster child(ren)

Full Name	Age	Relationship	Attending College	Will be Enrolled at Least Half Time Between 7/1/2015 & 6/30/2016
James Thomas (example)	23	Self	Ohlone College	Yes

В.	INCOME INFORMATION			
	Important Note: if an <u>amended 2014 IRS</u> tax return was filed or will be filed, you must contact your Financial Aid case manager before completing this section.			
	Dependent Student: complete Dependent section.	Independent Student: complete Independent	Section	
	DEF	PENDENT STUDENT		
1.	TAX RETURN FILERS: Complete this section if you and/or your parent(s) filed a 2014 income tax return with the IRS. If you are eligible to use the IRS Data Retrieval Tool to transfer 2014 IRS income tax information into your FAFSA, please use the tool. In most cases, no further documentation is needed to verify 2014 IRS income tax information that was transferred into your FAFSA using the IRS DRT if that information was not changed. If you/your parent(s) were eligible to use the tool but decided not to use when completing the FAFSA, your financial aid file cannot be completed.			
	Check the item(s) that applies:			
	I/My parent(s) used the IRS Data Ret the initial FAFSA or when making a correction to the F	trieval Tool to transfer 2014 IRS income information in FAFSA.	nto my FAFSA, either on	
	I/My parent(s) was <u>unable to use</u> the IRS Data Retrieval Tool in FAFSA on the Web. Please attach a copy of 2014 IRS tax return transcript not a photocopy of the income tax return along with the 2014 W-2's. (To obtain an IRS tax return transcript, go to <u>www.IRS.gov</u> , click on the "Get Transcript of Your Tax Record" link, and then "Tools", or call 1-800-908-9946. Me sure to choose the "IRS tax return transcript" option.)			
2.	TAX RETURN NONFILERS : Complete this section if you with the IRS.	ou/your parent(s) will not file and are not required to fil	e a 2014 income tax return	
	Check item(s) that applies:			
	I/Parent 1/Parent 2was not en	mployed and had no income earned from work in 2014		
•	Parent(s): If you/your family have no income at all incl your family in 2014:	luding government assistance, please explain how you	supported yourself and	
Г				
	I/Parent 1/Parent 2was emplo earned from each employer in 2014, and whether a W-2	oyed in 2014 and have listed below the names of all em 2 form is attached. (<i>List every employer even if they did</i>		
	Employer's Name	2014 Amount Earned	W-2 Attached?	
	Max's Auto Body Shop (example)	\$2,000.00(example)	Yes(example)	
3.	GOVERNMENT ASSISTANCE VERIFICATION:	Check this box if none of the items below applies		
	If one of the persons listed on Part A of this worksheet reasked by the Financial Aid Office, you are obligated to turn		check: (Please note: if	

ID# _____

Student's Name:

	Received SSI Received	ed TANF Received Gener	al Assistance	ID#eceived SNAP (Food	Stamps) in 2013 or 2014		
4.	OTHER UNTAXED INCOME	: Check this box if none	of the items listed be	low applies			
				Student	Parent(s)		
	Child Support Received (do not include foster care/adop	otion payment)		\$			
	compensation, untaxed portion	its not reported elsewhere, such as we sof railroad retirement benefits, Black student aid, WIA educational benefits.	ck Lung Benefits,	\$	s		
	Veterans non-education benefit Compensation/VA Educational	s (Disability/Death Pension/Depend Work-Study Allowance)	ency& Indemnity	\$	s		
		Housing, food, and living allowances paid to members of military, clergy and other (include cash payments and/or cash value of benefit received by student or parent(s)) \$					
	Cash support received (from friends/relatives. Student: please do not include cash received from your parent(s)) \$\$						
	earnings); including, but not lir	on and retirement plan (paid directly mited to, amounts reported on the WZ H and S. Do not include amounts in health benefits). O	2 forms in Boxes 12a	\$	\$		
5.	CHILD SUPPORT PAID: If one or both of your parents	Check this box if this does not a paid child support, please indicate					
	Name of the Person Who Paid Child Support	Name of the person to Whom Child support was Paid	Name of Child for Was Paid	r whom Support	Total Amount of Child Support Paid in 2014		
	Example: Marty Jones	Jessica Smith	Katie Jones		\$6,000		
	*****************	**************************************	**************************************	******	********		
1.	are eligible to use the IRS Data is cases, no further documentation	plete this section if you and/or your s Retrieval Tool to transfer 2014 IRS is is needed to verify 2014 IRS income changed. If you/your spouse were e	spouse <u>filed</u> a 2014 inc ncome tax information tax information that w	into your FAFSA, pl vas transferred into y	ease use the tool. In most our FAFSA using the IRS		
	Check the item(s) that applies:	,					
	I/ my spouse initial FAFSA or when mak	used the IRS Data Retrieval Tool ing a correction to the FAFSA.	to transfer 2014 IRS i	ncome information in	nto my FAFSA, either on the		

Student's Name:	ID#	
I/my spouse was <u>unable to use</u> the IRS Data Retrieval Tool in FAF tax return transcript not a photocopy of the income tax return along with the transcript, go to www.IRS.gov, click on the "Get Transcript of Your Tax Record" line sure to choose the "IRS tax return transcript" option.) 2. TAX RETURN NONFILERS—Complete this section if you/your spouse(s) will not be a sure to choose the "IRS tax return transcript" option.)	he 2014 W-2's. (To obtain k, and then "Tools", or ca	an IRS tax return ll 1-800-908-9946. Make
return with the IRS		
Check item(s) that applies:		
I/my spousewas not employed and had no income earned from wo	ork in 2014.	
If you/your family have no income at all including government assistance, please explanily in 2014:	plain how you supported y	ourself and/or your
I/my spouse was employed in 2014 and have listed below the name employer in 2014, and whether a W-2 form is attached. (<i>List every employer even if a content of the content o</i>	they did not issue a W-2 fo	
1 3	Amount Earned	W-2 Attached?
Max's Auto Body Shop (example) \$2,0	000.00(example)	Yes(example)
3. GOVERNMENT ASSISTANCE VERIFICATION: Check this box if none of the persons listed on Part A of this worksheet received any of the follow asked by the Financial Aid Office, you are obligated to turn in the proof of the benef. Received SSI Received TANF Received General Assistance 4. OTHER UNTAXED INCOME: Check this box if none of the items listed by If you and/or your spouse received any of the following income, please list the amout applicable item(s).	it)] Received SNAP (Food Society applies.	se check: (Please note: if tamps) in 2012 or 2014 documentation for
	Student	Spouse
Child Support Received for all children		
(do not include foster care/adoption payment)	\$	\$
Other untaxed income or benefits not reported elsewhere, such as workers compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc. Do Not includes student aid, WIA educational benefits, or benefits from flexible spending arrangements. O	\$	\$
Veterans non-education benefits (Disability/Death Pension/Dependency& Indemnity Compensation/VA Educational Work-Study Allowance)	\$	\$
Housing, food, and living allowances paid to members of military, clergy and other (include cash payments and/or cash value of benefit received by student or parent(s))	\$	\$

Student's Name:		II	D#
Cash help received (from friends from your parent(s)).	s/relatives. Student: please do not inclu	ude cash received \$	\$
earnings); including, but not lim	n and retirement plan (paid directly or ited to, amounts reported on the W2 for I and S. Do not include amounts in contealth benefits). O	orms in Boxes 12a \$	\$
5. CHILD SUPPORT PAID: If you and/or your spouse paid of the Person Who Paid Child Support	Check this box if this does no child support, please indicate: Name of the person to Whom Child support was Paid	Name of Child for whom Support Was Paid	Total Amount of Chi Support Paid in 2014
Example: Marty Jones	Jessica Smith	Katie Jones	\$6,
	es that all of the information reported u may be fined, be sentenced to jail, o		purposely give false or misleading
Student Signature (Required)		gnature (required for Dependen pouse Signature (Optional)	nt student)/ Date
) NOT MAIL THIS WORKSHEET TO	THE U.S. DEPARTMENT OF EDUCATION YOU SHOULD MAKE A COPY OF THIS		
	California Information		

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.