



Office of Financial Aid  
 1050 North Mills Avenue  
 Claremont, CA 91711-6101  
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## 2016-2017 Household Resources Verification Dependent Student

Student ID: \_\_\_\_\_

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. Prior to awarding federal student aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are any differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office. We may 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.

### A. Dependent Student's Information

Student's Last Name	Student's First Name	M.I.	Student's Social Security Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	(      ) Student's Home Phone Number
Student's Email Address			Student's Cell Phone Number

### B. Dependent Student's Family Information

List below the people in your **parent(s)' household**. Include:

- Yourself and your parent(s) including a stepparent or unmarried partner even if you do not live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2016 through June 30, 2017 or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-17. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide 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.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled **at least half time** in a degree, diploma, or certificate program at a postsecondary educational institution, any time between July 1, 2016 and June 30, 2017.

*If more space is needed, attach a separate page with the student's name and Student ID Number at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Missy Jones(example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>

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

Student ID: \_\_\_\_\_

### C. Student's Income & Benefits Information

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

- I used the IRS Data Retrieval Tool to transfer my 2015 income information to the FAFSA.
- I did not (or could not) transfer my 2015 income information to the FAFSA using the IRS Data Retrieval Tool. I have attached a copy of my 2014 IRS Tax Return Transcript(s).
- I was not employed, had no income earned from work in 2015, and did not file taxes for 2015.
- I worked but was not required to file a 2015 Federal Income Tax Return. I have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form of 1099 is provided. I listed every employer even if the employer did not issue a W-2 or 1099. I provided copies of all 2015 W-2 forms or 1099's issued to me.

Employer's Name	2015 Amount Earned	IRS W-2 Attached
<i>Suzy's Auto Body Shop(example)</i>	<i>\$2000</i>	<i>Yes</i>

### D. Parents' Income & Benefits Information

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

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

Employer's Name	2015 Amount Earned	IRS W-2 Attached
<i>Suzy's Auto Body Shop(example)</i>	<i>\$2000</i>	<i>Yes</i>



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

**E. Supplemental Nutrition Assistance Program (SNAP) Verification**

In 2014 or 2015, did you or your parent(s) receive SNAP benefits (formally known as the Food Stamp Program).

Yes \_\_\_\_\_ or No \_\_\_\_\_

*Note:* We may require documentation from the agency that issued the SNAP benefits in 2014 or 2015 during the file review process. SNAP may be known by another name in some states. For assistance in determining the name used in your state, please call 1-800-4FED-AID (1-800-433-3243).

**F. Child Support Paid**

If your parent(s) indicated on your FAFSA that child support was paid, please complete the information below:

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

**G. Untaxed Income**

Enter the dollar amount of all untaxed income received in 2015, if there is no dollar amount to enter, please put a \$0.

Untaxed Income Resource	Student	Parent
List the actual amount of any child support received in 2015 for the children in your household. – DO NOT include Foster Care or adoption payments.	\$	\$
Payments to tax-deferred pension and savings plan (paid directly or withheld from earnings) including, but not limited to, amounts reported on the W-2 in box 12a through 12d codes D, E, F, G, H, and S.	\$	\$
Housing, food or other allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).	\$	\$
Veteran's non-education benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation ((DIC) and/or VA Educational Work Study Allowances.	\$	\$
List the amount of other untaxed income not reported and not included elsewhere on this form. Include untaxed income such as unemployment, workers' compensation, disability, Black Lung Benefits, untaxed portion of health savings accounts (HSA) from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.	\$	\$
List any money received on the student's behalf (e.g., grandparents' or others' contribution with tuition, books or travel) and not reported elsewhere on this form. Enter the total amount of cash support received in 2015.	\$	\$



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

Student ID: \_\_\_\_\_

**H. Support Certification**

Complete this section if the total of your or your parent(s) income reported on this form is less than \$5,000. Please explain how you or your parents meet their monthly expenses (low income housing, SNAP (food stamps), cash aid, social security benefits, etc.) If you need more space, please attach further explanation.

**I. Certification**

By signing below, I certify the information reported on this worksheet is complete and accurate and authorize the Financial Aid Office to perform corrections to my FAFSA application 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 we purposely give false or misleading information I may be fined, sentenced to jail or both.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

