

2015-2016 Dependent Verification Worksheet

Your 2015–2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The Office of Financial Aid Services is required to compare information you and your parents reported on your FAFSA with any other required financial documents (*This takes a minimum of 7 to 10 business days*). Federal law requires this before awarding federal student aid.

- Bring this worksheet completed and signed by <u>you and at least one parent</u> to the Answer Center. Attach any required documentation.
- To request a copy of a Tax Return Transcript, contact Internal Revenue Services (IRS) at www.irs.gov or 1-800-908-9946.
- If there are differences, your FAFSA information may need to be corrected by the Office of Financial Aid Services.
- The Office of Financial Aid Services may ask for additional information.
- If you have questions about verification, visit the Answer Center on your campus as soon as possible so that your financial aid will not be delayed.

| A. Student Information | | | |
|--------------------------------|------------|------|---------------|
| | | | |
| LAST NAME | FIRST NAME | M.I. | VALENCIA ID# |
| HOME PHONE (INCLUDE AREA CODE) | | | DATE OF BIRTH |

B. Family Information / Household size

▶List the people in your parent(s) household. Include:

- ✓ Yourself, Your parent(s) (including step-parent), whose information you provided on the financial aid application, even if you do not live with your parent(s).
- ✓ Your parent(s)' other child(ren)(even if they don't live with your parent(s)) if:
 - your parent(s) provide more than half of their support from July 1, 2015 through June 30, 2016 OR,
- the child(ren) would be required to provide parental information if they were completing a FAFSA for 2015-2016
- ✓ Include other people if they now live with your parent(s) and will continue to receive more than half their support from them between July 1, 2015 and June 30, 2016.
- ✓ <u>COLLEGE</u>: Write the name of the college for any sibling(s), excluding your parent(s), who <u>will be</u> attending college at least half-time between July 1, 2015 and June 30, 2016 and will be enrolled in a degree or certificate program.

If you need more space, attach a separate page.

| Full Name | Age | Relationship | College |
|---------------|-----|--------------|------------------|
| Student Name: | | Self | Valencia College |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| C. | . Income Information- Check one for each column | | | |
|----|--|--|---|--|
| | Student | | Parent(s) | |
| | I used the IRS Data Retrieval Tool to transfer my 2014 income information at www.FAFSA.gov | | I/We used the IRS Data Retrieval Tool to transfer 2014 income information at www.FAFSA.gov | |
| | I did not use the IRS Date Retrieval tool. A copy of my 2014 IRS Tax Return Transcript is attached. | | I/We did not use the IRS Data Retrieval. A copy of my/our 2014 IRS Tax Return Transcript(s) is attached. | |
| | I was not employed and had no income earned from 2014. | | I/We was/were not employed and had no income earned from 2014. | |
| | I did not and was not required to file a 2014 Federal Income Tax Return. | | I/We did not and were not required to file a 2014 Federal Income Tax Return. | |

| D. Income Informa | tion For <i>Non Filers</i> (| Only | | | | |
|-------------------------------|--|------------------|---|---------------------|------------|---------------------------------------|
| If you or your parent(s) | were not required to file a | 2014 U.S. Inco | | | | |
| | 2 form and any income re | | • | | | · · · · · · · · · · · · · · · · · · · |
| Employer's Name | | Student' | | Parent(s) | | W2 submitted |
| | | Amount Earned | | Amount Ea | rnea | (Yes or No) |
| | | \$ | | \$ | | |
| | | \$ | | \$ | | |
| | | \$ | | \$ | | |
| ote: We may require you t | o provide documentation from | 7 | dicates a 20 | 7 | return was | not filed with the IRS |
| E. Untaxed Income | e (Don't Leave Any B | Box Blank). | Use zero | o (0). if not ap | plicable | |
| | nt see Question 45 on I | | | | | |
| Sources of Untaxed | | | | | | (s) 2014 Amount |
| F d - C d ' - | _ | | | | , | |
| Tax deferred pension | | | \$ | | \$ | |
| Jntaxed pension or | | | \$ | | \$ | |
| Other Untaxed Inco | me | | \$ | | \$ | |
| | | | | | | |
| Sunnlemental N | utrition Assistance I | Program (SI | VAP) Rai | nofite | | |
| | f your parent's househol | | - | | 42 | |
| ла you or a member o | | a receive 100a | stamps in | 2013 and/or 201 | .4: | |
| | ☐ Yes ☐ No | | | | | |
| If yes, please complet | e the following informati | on for the pers | on in your | household recei | ving SNAI | P benefits: |
| LAST NAME | FIRS | ST NAME | | | | MI |
| | | | | | | |
| Relationship to Stude | nt (<i>if you are the one rec</i> e | eiving benefits, | please inc | dicate "self") | | |
| Child Support D | aid | | | | | |
| 3. Child Support P | | r parant(a) pa | r obild ou | an ort in 20112 | | |
| Must | Did you OR your Select ONE: ☐ NO ☐ | | | | ala balay | ., |
| | | | | omplete the tal | | |
| Name of person who paid child | Name of person who received the child | | Name of child for whom support was paid | | support | support paid in |
| support | support | зарр | Support was paid | | paid | 2014 |
| | | | | | | - |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| I Clamaterne and C | | | | | | |
| H. Signature and C | ertification | | | | | |
| | rtifies that all of the information is sign and date. WARNING: If you | | | | | |
| | | | | | | |
| Student Signature | Date | | P | arent/Step-parent S | ignature | Date |
| | | | | | | |
| Student Print Name | Valencia ID# | | | arent/Step-parent F | rint Namo | _ |
| | .Y: Dependent Verifica | | | | | |