

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

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V1-STANDARD 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 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 on the 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

INCOME INFORMATION Important Note: if an amended 2014 IRS 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. Dependent Student: complete Dependent section. Dependent Student: complete Dependent 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 case, no inferher documentation is needed to verify 2014 IRS income tax information that was transferred into your FAFSA stays tight files DRT if that information was not changed. If you/your parent(s) were eligible to use the tool Data decided not to use when completing the FAFSA, you financial all file cannot be completed. Check the item(s) that applies: 1	S	Student's Name:	ID#			
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Parent 1	(Check item(s) that applies:				
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earned from each employer in 2014, and whether a W-2 form is attached. (List every employer even if they did not issue a W-2 form.) Employer's Name 2014 Amount Earned W-2 Attached? Max's Auto Body Shop (example) \$2,000.00(example) Yes(example) 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 received any of the following benefit in 2014, please check: (Please note: if asked by the Financial Aid Office, you are obligated to turn in the proof of the benefit)		received child support, please list the total amount received in 2014:				
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Max's Auto Body Shop (example) \$2,000.00(example) Yes(example) 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 received any of the following benefit in 2014, please check: (Please note: if asked by the Financial Aid Office, you are obligated to turn in the proof of the benefit)		carried from each employer in 2014, and whether a w-2 form is attached. (List e	very employer even if they at	a noi issue a m-2 jorm.)		
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 received any of the following benefit in 2014, please check: (Please note: if asked by the Financial Aid Office, you are obligated to turn in the proof of the benefit)		1 2		W-2 Attached?		
If one of the persons listed on Part A of this worksheet received any of the following benefit in 2014, please check: (Please note: if asked by the Financial Aid Office, you are obligated to turn in the proof of the benefit)		Max's Auto Body Shop (example)	\$2,000.00(example)	Yes(example)		
If one of the persons listed on Part A of this worksheet received any of the following benefit in 2014, please check: (Please note: if asked by the Financial Aid Office, you are obligated to turn in the proof of the benefit)	-					
If one of the persons listed on Part A of this worksheet received any of the following benefit in 2014, please check: (Please note: if asked by the Financial Aid Office, you are obligated to turn in the proof of the benefit)	F					
If one of the persons listed on Part A of this worksheet received any of the following benefit in 2014, please check: (Please note: if asked by the Financial Aid Office, you are obligated to turn in the proof of the benefit)	F					
If one of the persons listed on Part A of this worksheet received any of the following benefit in 2014, please check: (Please note: if asked by the Financial Aid Office, you are obligated to turn in the proof of the benefit)	_	COVEDNMENT ACCIOTANCE VEDICICATION CLAIR AS A STATE OF THE STATE OF TH	C. ()			
asked by the Financial Aid Office, you are obligated to turn in the proof of the benefit)				check: (Please note: if		
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	_	Received SSI Received TANF Received General Assistance	_			

	Student's Name:		ID#				
4.	CHILD SUPPORT PAID:	Check this box if this does not appaid child support, please indicate:	pply				
	Name of the Person Who Paid Child Support	Name of the person to Whom Child support was Paid	Name of Child for whom Support Was Paid	Total Amount of Child Support Paid in 2014			
	Example: Marty Jones	Jessica Smith	Katie Jones	\$6,000			
	Enampto: Francy vones	VOSSION SIMM		Ψ0,000			
	*********		**************************************	*******			
1.	1. TAX RETURN FILERS: Complete this section if you and/or your spouse filed a 2014 income tax return with the IRS. If you/your spouse 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 spouse 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 spouse used the IRS Data Retrieval Tool to transfer 2014 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA. I / my spouse was unable to use 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 www.IRS.gov, click on the "Get Transcript of Your Tax Record" link, and then "Tools", or call 1-800-908-9946. Make sure to choose the "IRS tax return transcript" option.) 2. TAX RETURN NONFILERS—Complete this section if you/your spouse(s) will not file and are not required to file a 2014 income tax return with the IRS Check item(s) that applies: I / my spouse was not employed and had no income earned from work in 2014.						
	If you/your family have little or no earned income, please explain how you supported yourself and your family in 2014. If you/your spouse received child support, please list the total amount received in 2014:						
		ther a W-2 form is attached. (List ever	isted below the names of all employers, t	-2 form.)			
	Max's Auto Body Shop (example	mployer's Name	2014 Amount Earned \$2,000.00(example)	W-2 Attached? Yes(example)			
	тал з нию войу эпор (елатри		Ф2,000.00(ехитріе)	res(example)			

Student's Name:		ID#			
3. GOVERNMENT ASSISTAN	NCE VERIFICATION: Check this box if none of the items below applies				
	n Part A of this worksheet received fice, you are obligated to turn in the p	Exhapped Type 1. Asheet received any of the following benefit in 2014, please check: (Please note: ad to turn in the proof of the benefit)			
☐ Received SSI ☐ Receive	d TANF Received Gener	al Assistance Received SNAP (F	Food Stamps) in 2013 or 2014		
4. CHILD SUPPORT PAID:	Check this box if this does not	apply			
If you and/or your spouse paid ch	nild 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 whom Support Was Paid	Total Amount of Child Support Paid in 2014		
Example: Marty Jones	Jessica Smith	Katie Jones	\$6,000		
		s complete and correct. If you purpos	ely give false or misleading		
Student Signature (Required)	· ·	nature (required for Dependent studer ouse Signature (Optional)	nt)/ Date		
DO NOT MAIL THIS WORKSHEET TO T	HE U.S. DEPARTMENT OF EDUCATIO YOU SHOULD MAKE A COPY OF THIS		FINANCIAL AID OFFICE.		

California Information Privacy Act

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.