

2014–2015 <u>California Dream Act</u> Independent Verification Worksheet



Your 2014–2015 California Dream Act Application was selected for review in a process called verification. Before awarding Cal Grant funds, some of your application information must be verified. To verify that you provided correct information, the financial aid administrator at your school will compare your Dream Act Application with the information on this worksheet and with any other required documents. If there are differences, your Dream Act Application information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Student's Last Name	Student's First Name	M.I.	Student's ID Number
Student's Street Address (i	nclude apt. no.)		Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

B. Independent Student's Family Information

A. Independent Student's Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2014, through June 30, 2015, or if the child would be required to provide your information if they were completing a Dream Act Application for 2014–2015. 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, 2015.

Include the name of the college for any household member who will be enrolled <u>at least half time</u>, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2014, and June 30, 2015. *If more space is needed, attach a separate page with your name and G# at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at
				Least Half Time
Marty Jones(example)	28	Wife	Central University	Yes
		Self		

Must submit with valid photo ID

Cañada College	(650) 306-3307
College of San Mateo	(650) 574-6147
Skyline College	(650) 738-4236

IMPORTANT Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.

Student's Name:	Student's ID Number:		
C. Independent Student's Income Inf	formation to Be Verified		
o. maspendent otadent o mosmo mi	ormation to be vermed		
1. TAX RETURN FILERS—Important N return, you must contact your financial a			amended 2013 IRS tax
Instructions : Complete this section if y	ou, the student, filed or will file	a 2013 income tax return wit	h the IRS.
Check the box that applies:			
photocopy of the income tax re a Return or Account Transcript not the "IRS tax account transc Number (ITIN), date of birth, an IRS tax return was filed). It take	tax return and will submit to eturn. To obtain an IRS tax return? link, or call 1-800-908-9946. cript." You will need your Sociand the address on file with the Les up to two weeks for IRS incoreeks for paper IRS tax return file	n transcript, go to <u>www.IRS.g</u> Make sure to request the "IR l Security number or Individua RS (normally this will be the d ne information to be available	ov and click on the "Order S tax return transcript" and al Taxpayer Identification address used when the 2013
Check here if the student's	IRS tax return transcript is attac	ched to this worksheet.	
	IRS tax return transcript will be he IRS tax return transcript has		-
2. TAX RETURN NONFILERS—Comple not required to file a 2013 income tax re		nt (and, if married, your spous	ee), will not file and are
Check the box that applies:			
The student (and, if married, the 2013.	e student's spouse) was not emp	ployed and had no income ear	ned from work in
employers, the amount earned f copies of all 2013 W-2 forms is	's spouse if married) was emplo from each employer in 2013, and ssued to you (and, if married, to the an IRS W-2 form. If more spo	d whether an IRS W-2 form is your spouse) by employers. <i>I</i>	s attached. Attach List every employer
Employer's Na	ame	2013 Amount Earned	IRS W-2 Attached?
Suzy's Auto Body Shop (example)		\$2,000.00	Yes

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Student's Name:		Student's ID Number:		
D. Independent Student's Oth	er Information to Be Verified			
	. Complete this section if someone in the student's household (listed in Section B) received benefits from CalFresh or the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) any time during the 2012 or 2013 calendary.			
	isted in Section B of this worksheet re provide documentation of the receipt			
2. Complete this section if you or	your spouse, if married, paid child su	pport in 2013.		
indicated below the was paid, the names was paid in 2013 for	d, my spouse who is listed in Section name of the person who paid the child of the children for whom child support each child. If asked by my school, I water, attach a separate page that include	support, the name of the person rt was paid, and the total annual a will provide documentation of the	to whom the child support mount of child support the	
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 2013	
Marty Jones(example)	Chris Smith	Terry Jones	\$6,000.00	
E. Certification and Signature I certify that all of the informat married, the spouse's signature Student's Signature	ion reported on this worksheet is com	plete and correct. The student mu Date	sst sign this worksheet. If	
		 Date		
D	o not mail this worksheet to the Calij bmit this worksheet to the financial o	fornia Student Aid Commission.		
J.	You should make a copy of this w	-		
	Must submit with vali	d photo ID		

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