

# 2016–2017 V1 Independent Verification Worksheet



Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we must ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA 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.

## A. Student's Information

Student's Last Name	Student's First Name	MI	Student ID	
Street Address	City	State	Zip	Phone Number

## B. Student's Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married
- Your children (including stepchildren), if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016–2017. 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, 2017.

Include the name of the college for any household member 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 G# at the top.*

Full Name (First and Last)	Age	Relationship to student	Name of College the person will attend at least half-time between 07/01/16 – 06/30/17
		<b>SELF</b>	

## C. Child Support Paid

In 2015, did you or your spouse, if married, make child support payments to another person?

- YES (please complete chart below)  
 NO

Name of person who made child support payments	Name of person who received child support payments	Name of child for whom child support was paid	Total amount paid between 01/01/15 and 12/31/15

## D. Receipt of CalFresh/SNAP Benefits

In 2014 or 2015, did any member of your household receive benefits from CalFresh or the Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program)?

- YES  
 NO

**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.

