

Office Use Only	
Staff Initial _____	Date Rec'd _____

California Dream Act 2017–2018 Verification Worksheet Group 1 Independent Student

Your 2017–2018 California Dream Act Application (CDAA) was selected for review in a process called verification. The law says that before awarding State funds, we may ask you to confirm the information you reported on your CA Dream Act Application. To verify that you provided correct information the financial aid administrator at your school will compare your CDAA with the information on this worksheet and with any other required documents. If there are differences, your CDAA 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.

A. Independent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	M00 _____ Student's COM ID Number
Student's Street Address (include 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

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, 2017, through June 30, 2018, or if the child would be required to provide your information if they were completing a CDAA for 2017–2018. 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, 2018.

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, 2017, and June 30, 2018. *If more space is needed, attach a separate page with your name and Student ID# at the top.*

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

Student's Name: _____ ID#: M00_____

C. Independent Student's Income Information to Be Verified

Instructions: Complete this section if you, the student, filed or will file a 2015 income tax return with the IRS.

1. **TAX RETURN FILERS—Important Note:** If you filed, or will file an **amended** 2015 IRS tax return, you must submit a signed copy of the IRS Form 1040X that was filed, **and** a Tax Return Transcript or a signed copy of the original tax return that was filed.

Check the box that applies:

I have attached a copy of my **2015 IRS Tax Return Transcript** to this worksheet.

Note: To obtain an IRS Tax Return Transcript, go to www.irs.gov and click on **Get Transcript by Mail** or **Get Transcript Online**. You can also call 1-800-908-9946. Make sure to request the 'IRS Tax Return Transcript' and not the 'IRS tax account transcript.' You will need your Social Security number or Individual Taxpayer Identification Number (ITIN), date of birth, and the address on file with the IRS (normally this will be the address used when the 2015 IRS tax return was filed).

2. **TAX RETURN NONFILERS**—Complete this section if you, the student (and, if married, your spouse), will not file and are not required to file a 2015 income tax return with the IRS.

Check the box that applies:

The student (and, if married, the student's spouse) was not employed and had no income earned from work in 2015.

The student (and/or the student's spouse if married) was employed in 2015 and has listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is attached. Attach copies of all 2015 W-2 forms issued to you (and, if married, to your spouse) by employers. *List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, attach a separate page with your name and Student ID Number at the top.*

Employer's Name	2015 Amount Earned	IRS W-2 Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00</i>	<i>Yes</i>

Student's Name: _____ ID#: M00_____

3. Independent Student's Other Information to Be Verified

1. Complete this section if someone in the student's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2017 or 2018 calendar years.

One of the persons listed in Section B of this worksheet received SNAP benefits in 2017 or 2018. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2017 and/or 2018.

2. Complete this section if you or your spouse, if married, paid child support in 2015.

Either I, or if married my spouse who is listed in Section B of this worksheet, paid child support in 2016. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2016 for each child. If asked by my school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes your name and Student ID Number at the top.*

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
<i>Marty Jones(example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

4. Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Spouse's Signature

Date

**Submit this worksheet to the Enrollment Services Office
ATTN: Cecile Banks**