



2019-2020 Verification Worksheet for Independent Student (MVRWSI-12)

Your 2019-2020 Free Application for Federal Student Aid (FAFSA)/California Dream Act Application was selected for review in a process called verification. The law says that before awarding Federal/State Student Aid, we may ask you to confirm the information you reported on your FAFSA/California Dream Act Application.

A. Independent Student's Information

Form with fields for Last Name, First Name, M.I., Student's ID (10 digit), Street Address (include apt. no.), Date of Birth, City, State, Zip Code, Email Address, Home Phone Number (include area code), and Alternate or Cell Phone Number.

B. Independent Student's Family Information

List below the people in your household. Include:

- Yourselves AND Your Spouse, if you are married.
In the case of California Dream Act applicant, please include registered domestic partner information.
Your children, if any, if you will provide more than half of their support from July 1, 2019, through June 30, 2020, or if the child would be required to provide your information if they were completing a FAFSA for 2019-2020.
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, 2020.

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, 2019, and June 30, 2020.

Table with 6 columns: Full Name, Age, Relationship, Will this person be attending College during 2019-20? (circle answer), If YES, Name of College:, Enrolled in 6 units or more? (circle answer)

If more space is needed, attach a separate page with your name and Student ID number at the top.

Please also complete reverse side

C. Student/Spouse Income Information to be Verified. Please check the one correct box in section C

IMPORTANT: In the case of California Dream Act applicant, please include registered domestic partner tax information for your partner. In addition, if you have a child and biological parents live together, tax information for both is to be provided even if they filed separately.

1. I (*The Student and/or Spouse if married*) was (were) employed and/or filed a 2017 IRS Income Tax Return form. I have used the IRS Data Retrieval Tool in the FAFSA on the Web to retrieve and transfer 2017 IRS income information into either the initial FAFSA or when making a correction to the FAFSA. **(IF CHECKED Skip to section D)**
 I, (*The Student and/or spouse if married*), am unable or choose not to use the IRS Data Retrieval Tool in FAFSA on the Web and I will submit a **2017 IRS Tax Return Transcript** –not a photocopy of the income tax return. *To obtain an IRS Tax return Transcripts go to www.irs.gov/transcript and click on the "Get Transcripts ONLINE or Get Transcript BY MAIL" link, or call 1-800-908-9946. Make sure you order the "IRS Tax Return Transcript" only (unless otherwise advised by the financial aid office).* (IF CHECKED Skip to section D-PAGE 2.)
 I, the student, and my spouse filed separately and will submit both of our **2017 IRS tax return transcripts**. [not photocopies of the income tax return.] **(IF CHECKED Skip to section D)**
 Other (explain: _____).
2. I, The Student (and spouse if married) was not employed, had no income to report and did not file a 2017 IRS Tax return. (IF CHECKED Skip to section D)
3. I, The Student (and/or spouse if married) was not required to file a 2017 IRS Tax Return, but was employed in 2017 and have listed below the names of all employers, the amount earned from each employer in 2017, and whether a W-2 form is attached. Attach copies of all 2017 W-2 forms issued to you (and, if married, to your spouse) by employers. (IF CHECKED, complete the chart below then continue to section D)
4. Other: (explain: _____).

Employer's Name	2017 TOTAL Amount	W-2 Attached?

D. Student's Other Information to Be Verified – Check and Complete if applicable & reported Child

Support Paid on the FAFSA

Either I, or if married my spouse who is listed in Section B of this worksheet, paid child support in 2017

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 2017

E. 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