

2015-16 VERIFICATION WORKSHEET - INDEPENDENT

Your Free Application for Federal Student Aid (FAFSA)/Dream Act Application was randomly selected for a review process called verification. To verify that you provided correct information, the financial aid administrator at your school will compare your FAFSA/Dream Act Application with the information on this worksheet and with any other required documents. 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.	Student's Mt. SAC ID Number
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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, 2015 through June 30, 2016, or if the child would be required to provide your information if they were completing a FAFSA/Dream Act for 2015-2016. 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, 2016.

Full Name	Age	Relationship	College	Enrolled at least ½ Time
Marty Jones (example)	28	Wife	Central University	Yes
		Self		

C. Independent Student's Income (check ONLY ONE box)

- ☐ I, the student, **filed 2014** taxes and used the IRS Data Retrieval Tool in FAFSA on the Web to transfer my (and, if married, my spouse's) 2014 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA. *Your school will use the IRS information that was transferred in the verification process.*
- ☐ I, the student, **filed 2014** taxes but am unable or choose not to use the IRS Data Retrieval Tool in FAFSA on the Web or Dream Act Application.
- If you selected this box, submit to the school your **2014 IRS Tax Return Transcript(s) or a photocopy of your signed 2014 IRS Federal Income Tax Return (1040's with all Schedules)**. *To obtain an IRS tax return transcript, go to www.irs.gov and click on the "Order a Return or Account Transcript" link, or call 1-800-908-9946. Make sure to request the "IRS tax return transcript" and not the "IRS tax account transcript."*
- ☐ I, the student (and, if married, my spouse), **will not file and am not required to file** a 2014 income tax return with the IRS.
- If you selected this box, complete section D.

Student's Name: _____ Mt. SAC ID #: _____

D. Independent Student Tax Return NONFILERS (check ONLY ONE box)

(SKIP section D if you filed or will file 2014 income tax returns with the IRS)

- ☐ I, the student, (and, if married, my spouse,) was not employed and had no income earned from work in 2014.
- ☐ I, the student (and/or the student's spouse if married), was employed in 2014 and have listed below the names of all employers, including the amount earned from each employer in 2014. List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with your name and Mt. SAC ID Number at the top.

Employer's Name	2014 Amount Earned
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00(example)</i>

E. Independent Student's Other Information to Be Verified

Complete this section if someone in the student's household (listed in Section B) received benefits from SNAP, TANF, GR, and/or SSI any time during the 2014 calendar year.

- ☐ One of the persons listed in Section B of this worksheet received SNAP, TANF, GR, and/or SSI benefits in 2014. I have attached proof of the receipt of these benefits during 2014.

F. Certification and Signature

I certify that all information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional. (NOTE: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.)

Student's Signature (REQUIRED)

Date

Spouse's Signature (OPTIONAL)

Date

***Do not mail this worksheet to the U.S. Department of Education.
Submit this worksheet to the financial aid administrator at your school.***

RETURN TO:

Mt. San Antonio College
Financial Aid Office
1100 N. Grand Avenue
Walnut, CA 91789

You should make a copy of this worksheet for your records.