## **RETURN TO:**



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

MT. SAN ANTONIO COLLEGE FINANCIAL AID OFFICE

## 2016-2017 V6 - INDEPENDENT VERIFICATION WORKSHEET

Your 2016-2017 Financial aid was selected for review in a process called verification. You and your spouse must complete and sign this worksheet, attach any required documents, and submit the form and any required documents to the Mt. SAC Financial Aid Office. You may be asked for additional information. If you have any questions about verification, contact the Financial Aid Office as soon as possible to avoid any delays.

Student's Last Name		Student's First Name		me Student's M.	I. Stu	Student's Mt. SAC ID Number		
	<ul> <li>list your spouse.</li> <li>Your children (if you your children who m</li> <li>Other people living v half of their support</li> </ul>	and your s eet this sta vith you (if from July 1 ny househo	on to whom you a pouse will provide andard, even if the you and your spot 1, 2016 through Ju old member who w	more than half of their sy do not live with you.  use provide more than half of 30, 2017).	u are currentl support July 1 alf of their su	ly separated from L, 2016 through J pport and will co	n your spouse, then do <b>NOT</b> une 30, 2017). Include all of ntinue to provide more than of 1, 2016 and June 30, 2017	
anu	First and Last Name of Household Member	Age	Relationship to Student	College/Trade Scho	ool	Mt. SAC ID#	Will enroll in college at least half-time?	
			Student					
C.	Supplemental Nutritio Did someone listed in the		_		-		1	
	☐ Yes ☐ NO							
_	If asked by the school, I w	•	documentation of	receipt of SNAP benefits	during 2014	and/or 2015.		
υ.	<b>2015 Child Support Paid</b> Did either you or your spouse listed in the household above pay child support in 2015?							
	☐ Yes ☐ NO		in the household t	isove pay cima support	2013.			
			ne person who paid	d the child support, the n	name of the p	erson to whom t	ne child support was paid,	
the							s paid in 2015 for each child	
	sked by the school, I will pro							
If y	ou need more space, attach Name of Person		e page that include me of Person To V		d Mt SAC ID# ame of Child		ount of Child Support	

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
			\$
			\$
			\$
			\$

Student's Name:	Mt. SAC ID#:
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## E. Income Tax Information:

TAX FILERS ONLY						
Student	Spouse	(Check one box per Tax Filer)				
П		You have filed a 2015 U.S. Federal Tax Return (1040, 1040A or 1040EZ). You must submit a 2015 IRS Tax Return Transcript(s) to our office with this form. <i>To request a 2015 IRS Tax Return Transcript(s), navigate</i>				
		to <a href="http://www.irs.gov/transcript">http://www.irs.gov/transcript</a> or call1-800-908-9946.				
		You used the IRS Data Retrieval Tool on the FAFSA and successfully transferred your 2015 tax information onto your FAFSA. You will not submit a 2015 IRS Tax Return Transcript(s) to our office.				
		You filed a 2015 Tax Return for a foreign country. You must submit a signed and translated copy of your foreign tax return to our office.				
NON-TAX FIL	NON-TAX FILERS ONLY					
Student	Spouse	(Check one box per Non-Tax Filer)				
		You did <b>NOT</b> work and <b>will NOT file</b> – You are not required to file a 2015 U.S. Federal Tax Return (1040, 1040A or 1040EZ) and you had no income earned from work in 2015.				
		You did work and will not file – You did work in 2015, but you will not and are not required to file a 2015 U.S. Federal Tax Return (1040, 1040A or 1040EZ). You must attach a copy of your W-2's and complete the table below listing every employer even if the employer did not provide you a W-2. If you need more space, attach a separate page.				
Name of Employer(s) in 2015			2015 Student Earned	2015 Spouse Earned		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

## F. Other Untaxed Income:

Enter the dollar amount of all untaxed income received in 2015; if any item does not apply please enter a \$0. If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA. If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

Untaxed Income Resource	Student	Parent
Payments to tax-deferred pension and savings plan (paid directly or withheld from earnings) including, but not limited to, amounts reported on the W-2 in box 12a through 12d codes D, E, F, G, H and S.	\$	\$
Housing, food or other allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing of the value of basic military allowance for housing.	\$	\$
Veteran's non-education benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work Study allowances. Do not include federal veteran's Educational benefits such as: Post 9/11 G.I. Bill, Montgomery G.I. Bill, Dependents Educational Assistance Programs, and VEAP Benefits.	\$	\$
List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as unemployment, workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.	\$	\$
List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015.	\$	\$

Child Support Received: Did you, your spouse (if married) or parent(s) (if required to provide parent information on the FAFSA), indicate that child support was receive on the FAFSA in 2015? If yes, please complete the information below. DO NOT include foster care payments, adoption payments, or any amount that was court-ordered but not paid.					
of Child Support ved in 2015					
Support Certification: Complete this section if the total of your (or spouse, if married) or parent(s) (if dependent) income reported on this form is less than \$5,000. Please explain how you or your parents (if dependent) met their monthly expenses (low income housing, SNAP (food stamps) cash aid, social security benefits, etc.).					
Certification and Signature:  By signing this worksheet, you certify that all information reported on this worksheet is complete and correct. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.					
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Student's Name:\_\_\_\_\_

Mt. SAC ID#:

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the Mt. San Antonio College Financial Aid Office. You should make a copy of this worksheet for your records.