



Return to:
Ohlone College
Financial Aid Office
Building 7, 2nd Floor
43600 Mission Blvd.
Fremont, CA 94539
510-659-7309 (Fax)

2016-2017

Name of Financial Aid Applicant *(Please print)*

Last

First

Middle

Student ID Number: _____

V1-DEPENDENT STANDARD VERIFICATION GROUP

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. Federal law says that before awarding Federal Student Aid, we must confirm the information you reported on your FAFSA. To verify that you provided correct information, your Financial Aid case manager will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information will need to be corrected. You and your parents must complete and sign this worksheet, and submit the form and other required documents to the Financial Aid case manager. If you have questions about verification, contact your Financial Aid case manager as soon as possible so that your financial aid will not be delayed. Processing can take 4-6 weeks.

A.

FAMILY INFORMATION

Please list: Yourself, your parents even though you do not live with them, your parents' other children if your parents will provide more than 50% of their support or the children who are required to provide your parents' information on FAFSA, and your parents' other dependents if they are living with your parents and your parents provide and will continue to provide more than 50% of their total support between 07/01/2016-06/30/2017.

Note:

- If your dependency status cannot be determined, please contact the Financial Aid Office Administrator for guidance.
- If your biological parents are never married/separated/divorced but still living together, you must provide information about both.
- Do not include foster child(ren)

Full Name	Age	Relationship	Attending College	Will be Enrolled at Least Half Time Between 7/1/2016 & 6/30/2017
James Thomas (example)	23	Self	Ohlone College	Yes

Note: If any person listed above is 24 years old or older (exclude your parent(s)), please complete Parents' Other Dependent Support Form.

B.

INCOME INFORMATION

Important Note: if an amended 2015 IRS tax return was filed or will be filed, you must contact your Financial Aid case manager before completing this section.

- TAX RETURN FILERS:** If you/your parents are eligible to use the IRS Data Retrieval Tool to transfer 2015 IRS income tax information into your FAFSA, please sign in to your FAFSA to make correction using DRT. In most cases, no further income documentation is needed to verify 2015 IRS income tax information that was transferred into your FAFSA using the IRS DRT if that information was not changed.

Check the item(s) that applies:

- ☐ I _____/My parent(s)_____ used the IRS Data Retrieval Tool to transfer 2015 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA.
- ☐ I _____/My parent(s)_____ was unable to use the IRS Data Retrieval Tool in FAFSA on the Web. Please attach a copy of **2015 IRS tax return transcript -- NOT a photocopy of the income tax return, NOT a IRS tax account transcript -- along with the 2015 W-**

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Student Name: _____

ID#: _____

2's. (To obtain an IRS tax return transcript, go to www.irs.gov, click on the "Get a Tax Transcript" link under "Tools". Make sure to choose the "IRS tax return transcript" option.)

2. **TAX RETURN NONFILERS:** Complete this section if you/your parent(s) will not file and are not required to file a 2015 income tax return with the IRS.

Check item(s) that applies and complete low income statement:

- ☐ I ____/Parent 1 ____/Parent 2 ____ was **not** employed and had no income earned from work in 2015.
- ☐ I ____/Parent 1 ____/Parent 2 ____ was **employed** in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether a W-2 form is attached. (List every employer even if they did not issue a W-2 form.).

Employer's Name	2015 Amount Earned	W-2 Attached?
Max's Auto Body Shop (example)	\$2,000.00(example)	Yes(example)

Low income statement: Please explain how your parent(s) supports the family in 2015, such as receiving government benefit, obtaining free food/housing from relative/friend, child support etc.:

3. **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) VERIFICATION:** Please check the item applies

- ☐ One of the persons listed in the Part A of the family information received SNAP (Food Stamps) in 2014 or 2015
- ☐ No one listed in the Part A of the family information received SNAP (Food Stamps) in 2014 or 2015

4. **CHILD SUPPORT PAID BY YOUR PARENT(S):** Please check the item applies

- ☐ None of my parents paid child support in 2015
- ☐ One or both of my parents paid child support in 2015, please indicate:

Name of the Person Who Paid Child Support	Name of the person who received Child Support	Name of Child who the child support was for	Total Amount of Child Support in 2015
Example: Marty Jones	Jessica Smith	Katie Jones	\$6,000

Note: If we have reason to believe the information is incorrect, documentation will be required.

C. CERTIFICATION AND SIGNATURE(S)

Each person signing below certifies that all of the information reported is complete and correct. 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

Parent's Signature (required for Dependent student)

Date