



# V6 VERIFICATION WORKSHEET

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Student ID</b>
<b>Address</b>	<b>City, State</b>	<b>Zip Code</b>	<b>Telephone</b>

## Instructions

After completing the 2016-2017 Free Application for Federal Student Aid (FAFSA), your file was selected for a process called Verification. Please follow the instructions below and submit to our office as quickly as possible for processing:

1. Complete Section 1. If any item does not apply, enter 0. Do not leave any blanks.
2. Attach copies of all 2015 IRS W-2 forms issued by employers for student, student's spouse (if applicable), and parent/s (if dependent). Complete and submit the V1 Verification Worksheet.
3. Use blue or black ink only. Print Clearly. Unreadable forms will be returned to you unprocessed.
4. Submit this form at any Financial Aid Office location, via fax to (707) 468-3197, or by mail to 1000 Hensley Creek Rd., Ukiah, CA 95482.

If you have questions about this form, please call our office at (707) 468-3110.

<b>Section 1: 2015 Other Untaxed Income</b>	<b>Student</b>	<b>Parent</b> (if dependent)
<b>Payments to tax-deferred pension and savings plan (e.g. 401 (k) or 403 (b) plans) -</b> such as amounts reported on W-2 form Box 12a - 12d with codes D, E, F, G, H and S.	\$	\$
<b>Child Support Received -</b> provide the amount received in child support during 2015 for the children in your household. Do not include foster care, adoption or payments	\$	\$
<b>Housing, food, &amp; other living allowances paid to members of the military, clergy, and others -</b> including cash payments and cash value of benefits.	\$	\$
<b>Veterans' non-education benefits -</b> include Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work Study allowances.	\$	\$
<b>Other untaxed income not reported, such as workers' compensation, disability, etc. -</b> do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), or Supplemental Security Income (SSI).	\$	\$
<b>Money received or paid on the student's behalf, not reported elsewhere on this form -</b> List any money received or paid on the student's behalf (e.g., payment of student's bills).	\$	\$
<b>Additional Information -</b> Provide information about any other resources, benefits, and other amounts received by the student and any member of the student's household.	\$	\$

## Certification and Signature

- I certify that all information reported on this form is true and accurate to the best of my knowledge.
- I understand that purposely providing false information may be a cause for cancellation of financial aid awards.
- I understand that I may be required to return unearned financial aid funds for the previous term.
- I authorize Mendocino College to withhold unpaid fees for previous terms from financial aid disbursements.
- I understand that Mendocino College may use this information to update my previously submitted FAFSA information.

<b>Student Signature</b>	<b>Date</b>
<b>Parent Signature (if dependent)</b>	<b>Date</b>