## FINANCIAL AID OFFICE - MENDOCINO COLLEGE



## V1 VERIFICATION WORKSHEET

Last Name	First Name	M.I.	Student ID
Address	City, State	Zip Code	Telephone

## **Instructions**

After completing the 2015-2016 Free Application for Federal Student Aid (FAFSA), your file was selected for a process called Verification. Please follow the instructions below and submit this form to our office as quickly as possible for processing:

- 1. Complete Sections 1-4. If your parent's signature was required on the FAFSA, your parent(s) information is required on this form as well.
- 2. Use blue or black ink only. Print Clearly. Unreadable forms will be returned to you unprocessed.
- 3. 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.

Section 1: Income Information (select one of the following)	Student	Parent (if dependent)
I used the IRS Data Retrieval Tool when completing the FAFSA and made no further changes to the information. Proceed to Section 2.		
I did not (or could not) use the IRS Data Retrieval Tool. I have attached a copy of my 2014 IRS Tax Return Transcript(s). Proceed to Section 2.  To obtain an IRS Tax Return Transcript, go to www.irs.gov or call 1-800-908-9946.  Make sure you request the Tax Return Transcript and not the Account IRS Tax Transcript.	0	_
I was not employed and had no income earned from work in 2014. Proceed to Section 2.		
<ul> <li>I was employed in 2014 and earned income from work but I did not file and was not required to file a 2014 IRS Income Tax Return. Complete the area below.</li> <li>List the names of all employers, the amount earned from each employer in 2014, and whether an IRS W-2 form is provided.</li> <li>Provide copies of all 2014 IRS W-2 forms issued to you by your employer(s).</li> <li>If you can't obtain a copy of an IRS W-2 form, attach a signed statement listing the source and amount of income earned from work, and the reason the W-2 form is not available.</li> </ul>		

Employer's Name (attach another page if more space is needed)		2014 Amount Earned	IRS W-2 Provided?
Student and/or Spouse employer:	Al's Auto Shop (example)	\$2,500	Yes
Student and/or Spouse employer:		\$	
Student and/or Spouse employer:		\$	
Parent(s) employer (if dependent):		\$	
Parent(s) employer (if dependent):		\$	

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Section 2: Household Size (attach another page if more space is needed)  If you and your parent's signature were required when you submitted your FAFSA, then list:  **Youre parent[6], even if you don't live with them (if your parent, is remarked, thind your sparent, is remarked, thind your sparent, is remarked, thind your sparent, is remarked, thind your parent would be required to provide parent information if they were completing a FAFSA for 2015-2016.  **Outer page (if they move live with) your parents and your parents will provide more than half of the children's support from July 1, 2015, through June 30, 2016.  **Other people (if they move live with) your parents and your parents will provide more than half of their support through June 30, 2016.  **Other people (if they move live with) your parents and your parents will provide more than half of their support through June 30, 2016.  **Other people (if they move live with) your parents and your parents will provide more than half of their support through June 30, 2016.  **Other people (if they move live with) your parents and your parents will provide more than half of their support through June 30, 2016.  **Other people (if they move live with) your parents and your parents will provide more than half of their support through June 30, 2016.  **Other people (if they move live with) your parents and your parents will provide more than half of their support through June 30, 2016.  **Other people (if they move live with) your parents will provide more than half of their support through June 30, 2016.  **Other people (if they move live with) your adjust will you will provide more than half of their support through June 30, 2016.  **Other people (if they move live with) your adjust will you will you will provide more than half of their support through June 30, 2016.  **Other people (if they move live with) your dependent of the child your dependent your dependent your								
Section 3: Child Support Paid in 2014 (attach another page if more space is needed)  Name of person who made the child support payments?   Yacischida support payment   Name of the child support payments?   Yes (complete area below)   Name of parson who made the child support payment   Name of the child support payments?   Yes (complete area below)   No Name of the parson who received the child support payment   Name of the child support payments?   Yes (complete area below)   No Name of parson who made the child support payments?   Yes (complete area below)   No Name of parson who made the child support payments?   Yes (complete area below)   No Name of parson who made the child support payments?   Yes (complete area below)   No Name of parson who made the child support payments?   Yes (complete area below)   No Name of parson who received the child support payment   Yes (complete area below)   No Name of the parson who received the child support payment   Yes (complete area below)   No Name of the parson who received the child support payment   Yes (complete area below)   No Name of the parson who received the child support payment   Yes (complete area below)   No Name of the parson who received the child support payment   Yes (complete area below)   No Name of the parson who received the child support payment   Yes (complete area below)   No Name of the parson who received the parson who received the parson who received the child support payment   Yes (complete area below)   No Name of the parson who received the parson who received the parson who received the parson who received the p	Last Name	]	First Name			M.I.	M.I. Student ID	
Section 3: Child Support Paid in 2014 (attach another page if more space is needed)  In 2014, did anyone in your household make child support payments?  Section 4: Supplemental Nutrition Assistance Program (SNAP) Benefits  In 2013 and/or 2014, did anyone in your household receive Supplemental Nutrition Assistance Program (SNAP) Benefits  Last Name  First Name  Farsh, then list:  Vour spanse, if you are married.  Vour chaldren, and/or your spanses children, if you will provide more than half of their on half or thee thild near half of their support from July 1, 2015, through June 30, 2016.  The people if they now live with you and you or your spanse will provide more than half of their support through June 30, 2016.  The people if they now live with you and you or your spanses will provide more than half of their support through June 30, 2016.  The first first the children and not have withyou and you or your spanses will provide more than half of their support through June 30, 2016.  It is family member is, or will be, enrolled at least half time in a degree, diploma, or certificate program any time between July 1, 2015 and June 30, 2016.  If the family member is, or will be, enrolled at least half time in a degree, diploma, or certificate prog	Section 2: Household Siz	<b>Ze</b> (attach ar	nother page if	more spa	ace is neede	_  i)		
Section 3: Child Support Paid in 2014 (attach another page if more space is needed)   In 2014, did anyone in your household make child support payments?   Yes (complete area below)   No   Name of person who made the child support was paid   Section 4: Supplemental Nutrition Assistance Program (SNAP) Benefits   In 2013 and/or 2014, did anyone in your household receive Supplemental Nutritional Assistance Program (SNAP) benefits?    Last Name   First Name   Relationship to student   Relationship to student	If you and your parent's signature we submitted your FAFSA, then list  Yourself  Your parent(s), even if you don't live with married, include your stepparent).  Your parents' other children if they will children's support from July 1, 2015, the other children would be required to protect they were completing a FAFSA for 2015.  Other people if they now live with your provide more than half of their support	th them (if your provide more to rough June 30, 20 ovide parental in 2016. parents and you through June 30	d when you r parent is re- than half of the 2016, or if the information if ur parents will 0, 2016.	If only y FAFSA,  You  You  You  than 201  Other prov	your signatu then list: rself. r spouse, if you r children, and, n half of the chil 6, even if the ch er people if the yide more than	re was require are married. 'or your spouses' of dren's support fro ildren do not live or now live with yo half of their support	children, if you m July 1, 2015 with you. 1 and you or yo rt through Jun	will provide more , through June 30, our spouse will e 30, 2016.
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Section 4: Supplemental Nutrition Assistance Program (SNAP) Benefits In 2013 and/or 2014, did anyone in your household receive Supplemental Nutritional Assistance Program (SNAP) benefits?  Last Name First Name Relationship to student  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.	In 2014, did anyone in your house	ehold make	child support	t payme	nts? 🗖 Y	es (complete a	rea below)	□ No Amount paid
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Date

Parent Signature (if dependent)