



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 <small>(if dependent)</small>
I used the IRS Data Retrieval Tool when completing the FAFSA and made no further changes to the information. Proceed to Section 2.	<input type="checkbox"/>	<input type="checkbox"/>
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. <ul style="list-style-type: none"> • 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. 	<input type="checkbox"/>	<input type="checkbox"/>
I was not employed and had no income earned from work in 2014. Proceed to Section 2.	<input type="checkbox"/>	<input type="checkbox"/>
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. <ul style="list-style-type: none"> • List the names of all employers, the amount earned from each employer in 2014, and whether an IRS W-2 form is provided. • Provide copies of all 2014 IRS W-2 forms issued to you by your employer(s). • 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. 	<input type="checkbox"/>	<input type="checkbox"/>

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

<p>If you and your parent's signature were required when you submitted your FAFSA, then list</p> <ul style="list-style-type: none"> • Yourself • Your parent(s), even if you don't live with them (if your parent is re-married, include your stepparent). • Your parents' other children if they will provide more than half of the children's support from July 1, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016. • Other people if they now live with your parents and your parents will provide more than half of their support through June 30, 2016. 	<p>If only your signature was required when you submitted your FAFSA, then list:</p> <ul style="list-style-type: none"> • Yourself. • Your spouse, if you are married. • Your children, and/or your spouses' children, if you will provide more than half of the children's support from July 1, 2015, through June 30, 2016, even if the children do not live with you. • Other people if they now live with you and you or your spouse will provide more than half of their support through June 30, 2016.
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Note: In the College/University section below only list the name of the institution if the 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 student is dependent, do not include the parent's college/university.

Full Name	Relationship to Student	College/University	Age
	<i>Self</i>	<i>Mendocino College</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 payment	Name of the child for whom child support was paid	Name of the person who received the child support payment	Amount paid in 2014
			\$

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? Yes (complete area below) No

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.

Student Signature	Date
Parent Signature (if dependent)	Date