

Financial Aid Office
Gavilan College
5055 Santa Teresa Blvd.
Gilroy, CA 95020
Tel: 408-848-4727, 408-852-2812

2017-18 Dependent Student Verification (Household)

DV17-H

Your 2017-18 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we must ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, the Financial Aid Office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the forms to Gavilan.

1. Dependent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's Gavilan ID
Student's Street Address (include apt. no.)			Student's Social Security Number
City	State	Zip Code	Student's Date of Birth
			Telephone Number

2. List people in your parent(s) household. This includes:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yourself even if you don't live with your parent(s). | <input checked="" type="checkbox"/> Your parent(s) (including biological, adoptive, or unmarried and living together regardless of gender). |
| <input checked="" type="checkbox"/> Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017–2018. Include children who meet either of these standards, even if they do not live with your parent(s). | <input checked="" type="checkbox"/> Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018. |

Include the name of the college for any household member who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2017, and June 30, 2018. *If more space is needed, attach a separate page with the student's name and Gavilan ID at the top.*

	Full Name of Person in Parent Household (per definition above)	Age	Relationship to Student	College	If attending college, will person enroll at least half time?	
1			Self	Gavilan College	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2					<input type="checkbox"/> Yes	<input type="checkbox"/> No
3					<input type="checkbox"/> Yes	<input type="checkbox"/> No
4					<input type="checkbox"/> Yes	<input type="checkbox"/> No
5					<input type="checkbox"/> Yes	<input type="checkbox"/> No
6					<input type="checkbox"/> Yes	<input type="checkbox"/> No
7					<input type="checkbox"/> Yes	<input type="checkbox"/> No
8					<input type="checkbox"/> Yes	<input type="checkbox"/> No
9					<input type="checkbox"/> Yes	<input type="checkbox"/> No
10					<input type="checkbox"/> Yes	<input type="checkbox"/> No
11					<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.
The student and one parent must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____