

Gavilan College
CAL DREAM ACT APPLICATION
2020-2021

Independent Verification Worksheet

Your 2020–2021 California Dream Act Application (CADAA) was selected for review in a process called verification. In this process we will compare information from your CADAA with the information you provide on this form. If necessary, we will make corrections and update your CADAA application. ***Verification forms are reviewed in the order received.***

Student's Last Name First Name M.I.

Gavilan Student ID #

Student's Street Address (include apt. no.)

Student's Date of Birth

City State Zip Code

Student's Email Address

Home Cell Other: _____

Student's Preferred Contact Phone Number (include area code)

Student's Alternate Phone Number

Priority Due Date: ASAP

Email your completed and **signed** forms to **finaid@gavilan.edu**

Please use the descriptions below to determine how or where to obtain the required tax documents requested on page 2:

- **Student 2018 IRS Tax Return Transcript or Copy of your Signed Tax Return Form & Schedules**
 - If you have a Social Security number (SSN) or IRS Tax ID number (ITIN), create an online account with the IRS at <https://www.irs.gov/individuals/get-transcript> to print out your document.
 - Only Federal Tax Return Forms & Schedules needed (State taxes not required)

- **Spouse 2018 IRS Tax Return Transcript or Copy of Signed Tax Return Form & Schedules**
 - If spouse has a Social Security number (SSN) or IRS Tax ID number (ITIN), they can create an online account with the IRS at <https://www.irs.gov/individuals/get-transcript> to print out their document.
 - Only Federal Tax Return Forms & Schedules needed (State taxes not required)
 - If Joint Tax Return with spouse, only one copy needs to be submitted

Federal Tax Return and Income Information

STUDENT:

Check only one box that applies:

I did not work and was not required to file a 2018 Federal Tax Return.

I worked but was not required to file 2018 Federal Taxes (fill out chart below):

[Please list the names of all employers and the amount earned for each employer in 2018 below]

Employer's Name	W2 Issued?	Amount Earned in 2018
<i>(Example) ABC's Auto Body Shop</i>	<i>Yes</i>	<i>\$4,500.00</i>
Total Amount of Income Earned From Work		\$

I filed 2018 Federal Taxes (do not fill out chart above):

My 2018 IRS Tax Return Transcript **or** Signed copy of my 2018 Income Tax Return/Schedules is attached.
(see page 1 for description)

SPOUSE (if applicable):

Check only one box that applies:

My spouse did not work and was not required to file a 2018 Federal Tax Return.

| My spouse worked but was not required to file 2018 Federal Taxes (fill out chart below):

[Please list the names of all employers and the amount earned for each employer in 2018 below]

Employer's Name	W2 Issued to Spouse?	Amount Earned in 2018
<i>(Example) ABC's Auto Body Shop</i>	<i>Yes</i>	<i>\$4,500.00</i>
Total Amount of Income Earned From Work		\$

| My spouse filed individual 2018 Federal Taxes or we filed Joint 2018 Federal Taxes:

Attached is a copy of my spouse's or our 2018 IRS Tax Return Transcript **or** Signed copy of their or our 2018 Income Tax Return/Schedules.
(see page 1 for description)

Household Information

A. Student's Household Information

List the people in your household. Include yourself and your spouse, if you are married.

Include your children if (a) you will provide more than half of their support from July 1, 2020 through June 30, 2021 or (b) the children in question would be required to provide parental information when applying for federal/state student aid.

List any other people if they currently live with you and you and your spouse provide more than half of their support and will continue to provide more than half of their support from July 1, 2020 through June 30, 2021.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Table with 5 columns: Full Name of Family Member in Household, Age, Relationship to Student, Name of College (if attending in 2020-21), Will be Enrolled at Least Half Time (Yes or No). Rows include Student, Spouse, and Other Members in Household.

Certification

B. Certification and Signatures

- I hereby declare that all information reported on this document is true and accurate to the best of my knowledge.
I understand that any false statements or misrepresentations will be cause for denial, reduction, cancellation and/or repayment of financial aid
I understand that these documents are reviewed in the order in which they are received by the Gavilan College Financial Aid Office and that if any additional documents are required, the Financial Aid Office will notify me via school email.

Student's Signature (Required)

Date