2019-20 Cal Independent Student Verification

CIVF19

Financial Aid Office Gavilan College 5055 Santa Teresa Blvd. Gilroy, CA 95020

Tel: 408-848-4727, 408-852-2812

Your 2019-20 California Dream Act (CA-Dream) was selected for review in a process called verification. The law says that before awarding State Student Aid, we must ask you to confirm the information you reported on your Dream Act application. To verify that you provided correct information, the Financial Aid Office will compare your Dream Act with the information on this worksheet and with any other required documents. If there are differences, your information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the forms to Gavilan.

1. Independe	ent Student's Information						
Student's Last N	Student's First Nam	ne Student	's M.I.	Student's Gavilan ID			
Student's Street	Address (include apt. no.)			Social Security #/CSAC ID# (if know	 n)		
City	State	Zip Cod	le	Student's Date of Birth			
				Telephone Number	_		
2. List people	e in your household. This include	es:					
☑ Yourself.			Your spo	use, if you are married.			
support fro would be r completing	ren, if any, if you will provide more than ha om July 1, 2019, through June 30, 2020, or i equired to provide parental information if the g a Dream Act for 2019-2020. Include child r definition even if they do not live with you	if the child hey were dren who	than half	ople if they now live with you and you provide mo of their support and will continue to provide more of their support from July 1, 2019 through June 30	ovide more		

Include the name of the college for any household member who will be enrolled, <u>at least half time</u> in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2019, and June 30, 2020. *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	Age	Relationship	College	If atte	ending
	Household (per definition above)		to Student		colleg	e, will
	*				person	enroll at
					least ha	lf time?
1			Self	Gavilan College	□ Yes	□ No
2					□ Yes	□ No
3					□ Yes	□ No
4					□ Yes	□ No
5					□ Yes	□ No
6					□ Yes	□ No
7					□ Yes	□ No
8					□ Yes	□ No
9					□ Yes	□ No
10					□ Yes	□ No
11					□ Yes	□ No

CA-IVF19	Student's	Name:				G00	·	
3. In	come		lnot	ructions: Check	anly and b	•		
		I am attaching my 2017 IRS Tax Return Transcript. Gavilan may not accept copies of tax returns. If married, must attach spouse's transcript too if married and filed separately. ☐ I filed an amended 2017Tax Return or have filed an extension. Contact Financial Aid Office at (408) 848-4763 for additional steps. ☐ I (nor my spouse) did not file 2017 Federal Income Tax Return AND am not required to file a Tax Return. If you select this option, list all your employer(s) and income earned AND submit W-2 Forms.						
			EMPLOYER	WAGES for 2017		employed?		
					☐ Student	□ Spouse		
					□ Student	☐ Spouse ☐ Spouse		
					□ Student	□ Spouse		
					- Student	□ Spouse		
			did not file 2017 Tax Retur	n and did not have ea	rnings in 2017			
There	are 3 ways t	o obta	in your 2017 IRS Tax	Transcript*				
1.	Call 1-800-	908-99	46. Be sure to reques	st Tax Return Tra	nscript, not a	an account tra	anscrip	ot.
2.	Go to www Transcript.	.IRS.gc	ov and click on "Order	a Return or Acco	unt Transcri	pt" link to ord	ler a Ta	ax Return
3.			ov and click on "Get Tr ption is temporarily un					ı Tax Return
Be awa	are that opti	on 1 &	2 can take up to 10	business days fo	or delivery	of transcript	t via ma	ail.
addres	s used when	the 20	Security Number, date 117 IRS tax transcript value tax return filers, and u	was filed). It take	s up to 2 we	eks for the IF	RS inco	•
Ea inf	formation repo	ning this	natures s worksheet certifies that it is complete and correct ent must sign and date.			on this workshe		lse or misleading may be fined, be

Date: _____

Student Signature: