IV17-H

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

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

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. I | ndependent Studen | 's Information | | | |
|-------|---|--|--------------|-----------|--|
| Stude | ent's Last Name | Student's First Name | Student | s's M.I. | Student's Gavilan ID |
| Stude | ent's Street Address (inc | clude apt. no.) | | | Student's Social Security Number |
| City | | State | Zip Co | de | Student's Date of Birth |
| 2. l | ist people in your h | ousehold. This includes: | | | Telephone Number |
| ☑ | Yourself. | | ☑ | Your spo | use, if you are married. |
| V | support from July 1, 201 would be required to pro- completing a FAFSA for | you will provide more than half of to 7, through June 30, 2018, or if the divide parental information if they we 2017-2018. Include children who they do not live with you | child ere | than half | ople if they now live with you and you provide more of their support and will continue to provide more of their support from July 1, 2017 through June 30, |

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 | Age | Relationship | College | If atte | ending |
|----|----------------------------------|-----|--------------|-----------------|----------|-----------|
| | Household (per definition above) | | to Student | | _ | e, will |
| | _ | | | | - | 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 |

| 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: |

IV17-H

Student's Name: _____ G00 _____

Date: _____