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. Independent Stude	ent's Information			
Student's Last Name	Student's First Name	Student	s M.I.	Student's Gavilan ID
Student's Street Address (i	nclude apt. no.)			Student's Social Security Number
City	State	Zip Cod	 e	Student's Date of Birth
				Telephone Number
2. List people in your	household. This includes:			
✓ Yourself.			Your spor	use, if you are married.
support from July 1, 2 would be required to p completing a FAFSA	if you will provide more than half of to 017, through June 30, 2018, or if the corovide parental information if they we for 2017-2018. Include children who if 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		colleg	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

IV17V6	Student's Name:	G00	<b>)</b>

#### 3. Income

	ructions: Check	only one b	OX.	
	Student			
I used the IRS Data Retrieva	l Tool on my 2017/18	FAFSA.		
I am attaching my 2015 IRS not accept copies of tax retur married and filed separately.			•	
I filed an amended 2015 Tax Office at (408) 848-4734 for		an extension.	Contact Financial A	
I (nor my spouse) did not file to file a Tax Return. If you s earned <b>AND</b> submit W-2 For	elect this option, list		•	
EMPLOYER	WAGES for 2015	Who was	employed?	
	2010	□ Student	□ Spouse	
		□ Student	□ Spouse	
□ Student □ Spouse				
		Student	□ Spouse	
		□ Student	□ Spouse	
			•	

## There are 3 ways to obtain your 2015 IRS Tax Transcript\*

- 1. Call 1-800-908-9946. Be sure to request Tax Return Transcript, not an account transcript.
- 2. Go to <a href="www.IRS.gov">www.IRS.gov</a> and click on "Order a Return or Account Transcript" link to order a Tax Return Transcript.
- 3. Go to <a href="www.IRS.gov">www.IRS.gov</a> and click on "Get Transcripts for My Tax Records" link to download a Tax Return Transcript. You may print your account transcript and submit with this verification worksheet.

## Be aware that option 1 & 2 can take up to 10 business days for delivery of transcript via mail.

\*You will need the Social Security Number, date of birth, and address on file with the IRS (normally this will be the address used when the 2015 IRS tax transcript was filed). It takes up to 2 weeks for the IRS income information to be available for electronic tax return filers, and up to 8 weeks for paper IRS tax Return filers.

For faster alternative to requesting the IRS Tax Return transcript, you can correct your FAFSA online by going to <a href="www.fafsa.gov">www.fafsa.gov</a> and using IRS Data Retrieval Tool (DRT). If you use DRT, and change the information, you must submit a Tax Return Transcript.

#### **UNTAXED INCOME**

# 1. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Total Amount Paid in 2015
	\$
	\$
	\$

# 2. Child support received

List the actual amount of any child support received in 2015 for the children in your household.

**Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who	Name of Child For Whom	Amount of Child Support
Received the Support	Support Was Received	Received in 2015
		\$
		\$
		\$
		\$
		\$

# 3. Housing, food, and other living allowances paid to members of the military, clergy, and others Include cash payments and/or the cash value of benefits received.

Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient

Type of Benefit Received

Amount of Benefit Received in 2015

\$
\$
\$

#### 4. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

**Do not include** federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015
		\$
		\$
		\$

## 5. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

**Do not include** any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2015
		\$
		\$
		\$

## 6. Money received or paid on the student's behalf

- ☑ List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form.
- ✓ Enter the total amount of cash support the student received in 2015.
- ☑ Include support from a parent whose information <u>was not</u> reported on the student's 2017–2018 FAFSA, but do not include support from a parent whose information was reported.
- ☑ For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is the student's parent whose information is reported on the student's 2017–2018 FAFSA.
- Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2015	Source
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

_	A 1 11/4 1		
7	Additional	l information	1

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veteran's education benefits, military housing, SNAP, TANF, etc.

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

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015
	Financial Support	Support Received in 2015
		\$
		\$
		\$
		\$
		\$
		\$

Comm	nents:	
8.	Certification and Signatures Each person signing this worksheet certifies that all of the	WARNING: If you purposely give false or misleading
	information reported on it is complete and correct.  The student and one parent must sign and date.	information on this worksheet, you may be fined, be sentenced to jail, or both.
	Student Signature:	Date