



Financial Aid Office Use Only:

ID Type:

☐ Drivers License/State ID ☐ High School ID

☐ Other: _____

Date: _____

Rec'd by: _____

Name of Student (Please complete this form in **Black Ink**)

Last First MI

Student ID # (if applicable): _____

CSAC ID #: _____

Date of Birth: _____

2018-2019 DREAM ACT VERIFICATION WORKSHEET

Your 2018–2019 California Dream Act Application was selected for review in a process called verification. The law says that before awarding Student Aid, we may ask you to confirm the information you reported on your application.

What you should do:

- Fill out all sections of this form, **EXCEPT SECTION 8**. Return this form **IN PERSON** (**Faxed or Mailed forms will NOT be accepted!**) to the Grossmont College Financial Aid Office.
- Submit all other required documents to the Grossmont College Financial Aid Office.
- Complete this process as soon as possible so that your financial aid won't be delayed.
- If you have any questions about completing this worksheet, speak to a staff member in the Financial Aid Office.

Section 1 - Family Information

List below the people in your parent(s) household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s) other children if your parent(s) will provide more than half of their support from July 1, 2018, through June 30, 2019, or if the other children would be required to provide parental information if they were completing a California Dream Act Application or FAFSA for 2018–2019. Include children who meet either of these standards, even if they do not live with your parent(s).
- 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 through June 30, 2019.

Also, write in the name of the college for any household member, **excluding your parent(s)**, who will be attending college at least half-time between July 1, 2018 and June 30, 2019 and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship to student	Name of College (if half-time attendance or more during 2018-2019)
		Self	Grossmont College

Section 2 - Dependent Student's Income Information

1. **TAX RETURN FILERS - Important Note:** If the student filed, or will file, an amended 2016 IRS tax return, the student must contact the financial aid administrator before completing this section. Complete this section if the student filed or will file a 2016 income tax return with the IRS.

Check the box that applies:

- ☐ Check here if the student's 2016 tax return transcript is attached to this worksheet.
- ☐ Check here if the student's 2016 tax return transcript will be provided to the student's school later. Verification cannot be completed until the IRS 2016 tax return transcript has been provided to the school.

2. **NONFILERS** - Complete this section if the student will not file and is not required to file a 2016 income tax return with the IRS. Check the box that applies. *Note: if your nonfiling status comes into questioning through the verification review process, you will be required to submit a 2016 "Verification of Nonfiling Letter".:*

Check the box that applies:

- ☐ The student was not employed and had no income earned from work in 2016.
- ☐ The student was employed in 2016 and has listed below the names of all the student's employers, the amount earned from each employer in 2016 and whether an IRS W-2 form is attached. *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

Employer's Name	2016 Amount Earned	W-2 Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00(example)</i>	<i>Yes or No</i>

Section 3 - Dependent Student's Other Information

3. Please indicate if you received any of the following assistance programs in 2016 **or** 2017:

- | | |
|---|--|
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Housing Assistance (i.e. Section 8 or Low-income Housing) |
| <input type="checkbox"/> Public Assistance (i.e. CalWORKs/TANF/Welfare) | <input type="checkbox"/> General Relief/General Assistance |
| <input type="checkbox"/> Financial Aid/G.I. Bill | <input type="checkbox"/> WIC (Women, Infants and Children's Program) |
| <input type="checkbox"/> Cal Fresh/Foodstamps | <input type="checkbox"/> Free or Reduced Price School Lunch |

4. Yearly untaxed income received by student in 2016. **Do not leave any items blank. If an item does not apply to you, fill in '0'.**

Source of Untaxed Income	2016 Amount (yearly amount)	Source of Untaxed Income	2016 Amount (yearly amount)
Payments to tax-deferred pension and savings plans (i.e. 401K's, 403B's)		Veterans' Dependency & Indemnity Compensation (DIC)	
Child Support Received (Don't include foster care or adoption payments.)		Assistance from Religious Non-Profit Organization or Church	
Refugee Assistance		Workers Compensation	
Military BAS (Do not include BAH)		State Disability Benefits	
Untaxed Portions of IRA Distributions		Code A of IRS Schedule K-1 (Form 1065)	
Rollover? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Alimony not reported on the 1040	
Foreign income earned in 2016. (Please report in US dollars.)		Other:	
Veterans' Disability Benefits			
Veterans' Educational Work-study Allowances			

Section 4 - Parent's Income Information

(Note: If two parents were reported in Section 1 of this worksheet, the instructions and certifications below refer and apply to both parents.)

1. **TAX RETURN FILERS - Important Note:** If the student's parent(s) filed or will file an amended 2016 IRS tax return the student's financial aid administrator must be contacted before completing this section. Complete this section if the student's parent(s) filed or will file a 2016 income tax return with the IRS.

Check the box that applies:

- ☐ Check here if a 2016 tax return transcript(s) is attached to this worksheet.
- ☐ Check here if a 2016 tax return transcript(s) will be provided to the student's school later. Verification cannot be completed until the IRS tax return transcript(s) has been provided to the student's school.
- ☐ Check here if the parent (s) did or will file a joint federal return.

2. **NONFILERS** - Complete this section if the student's parent(s) will not file and is not required to file a 2016 income tax return with the IRS. *Note: if the student's parent(s) nonfiling status comes into questioning through the verification review process, you may be required to submit your parent(s) 2016 "Verification of Nonfiling Letter".*

Check the box that applies:

- ☐ The parent(s) was not employed and had no income earned from work in 2016.
- ☐ The parent(s) was employed in 2016 and has listed below the names of all the parent's employers, the amount earned from each employer in 2016 and whether an IRS W-2 form is attached. *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

Employer's Name	Employee's Name	2016 Amount Earned	W-2 Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>Mother's or Father's Name</i>	<i>\$2,000.00(example)</i>	<i>Yes or No</i>

Section 5 - Parent's Other Information

3. Please indicate if one (or both) student's parents listed in Section 1 of this worksheet received any of the following assistance programs in 2016 **or** 2017:

- ☐ Supplemental Security Income (SSI)
 ☐ Housing Assistance (i.e. Section 8 or Low-income Housing)
- ☐ Public Assistance (i.e. CalWORKs/TANF/Welfare)
 ☐ General Relief/General Assistance
- ☐ Financial Aid/G.I. Bill
 ☐ WIC (Women, Infants and Children's Program)
- ☐ Cal Fresh/Foodstamps
 ☐ Free or Reduced Price School Lunch

4. Yearly untaxed income received in 2016 by one (or both) parents listed in Section 1 of this worksheet. **Do not leave any items blank. If an item does not apply to you, fill in '0'.**

Source of Untaxed Income	2016 Amount (yearly amount)	Source of Untaxed Income	2016 Amount (yearly amount)
Payments to tax-deferred pension and savings plans (i.e. 401K's, 403B's)		Veterans' Dependency & Indemnity Compensation (DIC)	
Child Support Received (Don't include foster care or adoption payments.)		Assistance from Religious Non-Profit Organization or Church	
Refugee Assistance		Workers Compensation	
Military BAS (Do not include BAH)		State Disability Benefits	
Untaxed Portions of IRA Distributions Rollover? __ Yes __ No		Code A of IRS Schedule K-1 (Form 1065)	
Foreign income earned in 2016. (Please report in US dollars.)		Any Alimony not reported on the 1040	
Veterans' Disability Benefits		Other:	
Veterans' Educational Work-study Allowances			

Section 6 – Child Support Paid

- ☐ One (or both) of my parents paid child support in 2016. My parent has indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid and the total annual amount of child support that was paid in 2016 for each child. If asked by Grossmont College Financial Aid, I will provide documentation of the payment of child support.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2016 (yearly amount)
<i>Marty Jones (example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>\$6,000</i>

- ☐ My parent(s) did not pay child support in 2016.

Section 7 – Student Identity and Statement of Educational Purpose**(COMPLETE THIS SECTION IN THE PRESENCE OF A GROSSMONT COLLEGE FINANCIAL AID STAFF MEMBER!)**

You must appear in person at the Grossmont College Financial Aid Office to verify your identity by presenting a photo identification (ID). Valid ID includes a state issued driver's license, other state-issued ID, high school issued ID or college issued ID. Grossmont College Financial Aid will maintain a copy of your photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the ID.

DO NOT complete this section until you present this form to a Financial Aid official. You must, in the presence of an authorized Financial Aid staff member, complete the following:

Statement of Educational Purpose

I certify that I _____, am the individual signing this Statement of Educational Purpose and that the State student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Grossmont College for 2018–2019.

(Student Signature)

(Date)

(Student ID Number)

Section 8 – Certification and Signature

By signing this worksheet we certify that all of the information reported on this worksheet is complete and correct. (The student and a parent must sign this worksheet).

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

Signature of Student

Date

Signature of Parent

Date

YOU SHOULD MAKE A COPY OF THIS WORKSHEET FOR YOUR RECORDS.