Independent V9

2020-2021 DREAM ACT VERIFICATION WORKSHEET

Your 2020-2021 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. Return this form to the Grossmont College Financial Aid Office.
- Complete this verification form IN BLACK INK & submit all required documents to the Grosmont 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.

Student's Last Name	Student's First Name	Student's M.I.	Student CSAC ID Number
Student's Street Address	(include apartment/unit num	Student College ID Number	
		7' 0 1	Student's Email Address
City	State	Zip Code	Student's Eman Address

Section 1 - Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, and if you will provide more than half of their support from July 1, 2020, through June 30, 2021, or if the child would be required to provide your information if they were completing a FAFSA or California Dream Act Application for 2020–2021. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2021. (DO NOT include roommates).

Also, write in the name of the college for any household member who will be attending college at least half-time between July 1, 2020 and June 30, 2021, 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 2020-2021)
		Self	Grossmont College

Se	Section 2 - Student's Income Information						
1.	TAX RETURN FILERS - Important Note: If the student filed, or will file, an amended 2018 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 2018 income tax return with the IRS.						
	Check the box that applies:						
	Check here if the student's 2018 tax return transcript is a	Check here if the student's 2018 tax return transcript is attached to this worksheet.					
	Check here if the student's 2018 tax return transcript will be provided to the student's school later. Verification cannot be completed until the IRS 2018 tax return transcript has been provided to the school.						
	Check here if you and your spouse did or will file a joint federal return.						
2.	Check the box that applies: Note: if your (or your spouse's, if married) nonfiling status comes into questioning through the verification review process, you will be required to submit a 2018 "Verification of Nonfiling Letter".						
	Check the box that applies:						
	The student was not employed and had no income earned from work in 2018.						
	The spouse was not employed and had no income earned	The spouse was not employed and had no income earned from work in 2018.					
	The student (and/or the student's spouse, if married) was employed in 2018 and has listed below the names of all employers, the amount earned from each employer in 2018 and whether an IRS W-2 form is attached. List every employed 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	2018 Amount Earned	W-2 Attached?				
	Suzy's Auto Body Shop (example)	\$2,000.00(example)	Yes or No				

Student Name:_

CSAC ID #:___

Student Name:			CSAC ID #:
Section 3 – Student Identity and State		oose	
	ege Financial Aid will main	ntain a copy of your	cense, other state-issued ID, high school issued photo ID that is annotated with the date it was
Statement of Educational Purpo	se		
I certify that I Educational Purpose and that th and to pay the cost of attending	e State student financial as	sistance I may receiv	ndividual signing this Statement of we will only be used for educational purposes
(Student Signature)		(Date)	(Student ID Number)
Section 4 – Certification and Signature)		
By signing this worksheet I certify that all this Worksheet. Signature of spouse, if m		ed on this worksheet	is complete and correct. (The student must sign
WARNING: If yo	ou purposely give false or you may be fined, sen	U	•
Signature of Student	Date		
Signature of Spouse (Optional)	Date		

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