



Reedley College: (559) 638-0312 Oakhurst CCC: (559) 683-3940 Madera CCC: (559) 675-4800 Email: reedley.financialaid@reedleycollege.edu

You were selected for a review process called Verification. Information on this form will be compared to the information you originally reported on your FAFSA/CA Dream Act Application. If there are differences, your information may need to be corrected. You must complete and sign this form. Submit this form and all required documents to us as soon as possible so that your financial aid will not be delayed. Additional documents may be requested after you submit this form. Incomplete worksheets will not be accepted.

Student's Name: _____ ID # _____
Mailing Address: _____
D.O.B: _____ Best phone # to reach you: _____

HOUSEHOLD SIZE VERIFICATION

List the people you will support between July 1, 2019, and June 30, 2020 below. If you need more space attach a separate page. Include:

- Yourself and your spouse (if married and not separated, widowed, or divorced when you filed the FAFSA/CA Dream Act Application).
▪ Your children, if you will provide more than half of their support from July 1, 2019, through June 30, 2020. This includes your unborn children who will be born before June 30, 2020.
▪ Other people if they now live with you, you provide more than half of their support, AND you will continue to provide more than half of their support from July 1, 2019, through June 30, 2020.

If any household member besides you will be attending college at least half-time between July 1, 2019, and June 30, 2020, and will be enrolled in a degree, diploma or certificate program, list the name of the college they are attending below under "Name of College."

Table with 4 columns: Full Name, Age, Relationship to Student, Name of College. Includes a pre-filled row for 'Student' at 'Reedley College'.

Check this box if someone listed in the household size above received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during 2017 or 2018.

Student's Name: _____

Student's ID # _____

STUDENT INCOME INFORMATION

Check the box that applies:

I/We filed taxes and have used the IRS Data Retrieval Tool to retrieve and transfer 2017 IRS income information into the FAFSA. (Not available for CA Dream Act Applicants.)

I/We filed taxes and am unable to use the IRS Data Retrieval Tool on my FAFSA. Attached is a copy of my **2017 IRS tax return transcript**.

➤ *To obtain an IRS tax return transcript, go online to www.irs.gov or call 1-800-908-9946; **photocopied tax returns are no longer accepted**. You will need your Social Security Number and the address on file with the IRS to request a transcript.*

I/We were employed in 2017 and did not file taxes. Please attach all copies of your 2017 IRS W-2 forms issued by your employer(s).

If you earned wages in 2017, list all income earned below. List every employer even if they did not issue an IRS W-2 form. (If more space is needed, attach a separate page with your name and school ID number at the top of the page.)

Employers	Who earned this income?	2017 amount earned:
	<input type="checkbox"/> Student <input type="checkbox"/> Spouse	\$
	<input type="checkbox"/> Student <input type="checkbox"/> Spouse	\$
	<input type="checkbox"/> Student <input type="checkbox"/> Spouse	\$
	<input type="checkbox"/> Student <input type="checkbox"/> Spouse	\$
	<input type="checkbox"/> Student <input type="checkbox"/> Spouse	\$

I (and my spouse if married) was not employed and had no income earned from work in 2017.

Check this box and complete this section if you or your spouse (if married) paid child support during 2017:

Name of parent who paid child support:	Name of person who child support was paid to:	Name of child for who support was paid for:	Total amount of child support paid in 2017:
			\$
			\$
			\$
			\$

SUPPORT CERTIFICATION

Complete this section if your income reported on this form is less than \$5,000. In the box below, explain how you met your monthly expenses; low income housing, SNAP, cash aid, social security benefits, etc.

Student's Name: _____

Student's ID # _____

ADDITIONAL INCOME AND ASSET INFORMATION FOR STUDENT AND SPOUSE, IF MARRIED

DO NOT LEAVE THIS SECTION BLANK. Enter YEARLY amount for 2017 OR \$0 if none.	Student	Spouse
Child Support RECEIVED – DO NOT include foster care payments	\$	\$
Payments to tax-deferred pension and savings plan (paid directly or withheld from earnings) including amounts reported on the W-2 in box 12a through 12d codes D, E, F, G, H, and S	\$	\$
Housing, food, or other allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on base military housing or the value of a basic military allowance for housing.	\$	\$
Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work Study allowances	\$	\$
Non-Federal Disability Benefits, Untaxed Pensions or Workers Compensation (Do not include any type of Social Security Benefits)	\$	\$
Unemployment benefits that were not reported on your tax return	\$	\$
Any money given to you by someone else (for bills, rent, utilities, etc.)	\$	\$
As of the date you filed your FAFSA/CA Dream Act, what was the total balance of your cash, savings, and checking accounts?	\$	\$
As of the date you filed your FAFSA/CA Dream Act Application, what was the net worth of your investments, including real estate*? Current value minus debts related to the investments = NET WORTH. *DO NOT INCLUDE THE VALUE OF THE HOME YOU LIVE IN.	\$	\$
As of the date you filed your FAFSA/CA Dream Act Application, what was the net worth of your farm, including market value of land, buildings, machinery, equipment, inventory, etc.? Current value minus debt for which the farm was used as collateral = NET WORTH. Check here if your family lives on and operates the farm	\$	\$
As of the date you filed your FAFSA/CA Dream Act Application, what was the net worth of your business, including market value of land, buildings, machinery, equipment, inventory, etc.? Current value minus debt for which the business was used as collateral = NET WORTH Check here if your business is owned & controlled by your family and has fewer than 100 employees	\$	\$

REQUIRED SIGNATURES

By signing below, I certify the information reported on this worksheet is complete and accurate. If asked by the college, I agree to provide proof of any information reported on this form or on my FAFSA/CA Dream Act Application. I realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my financial aid. I also understand if I purposely give false or misleading information I may be fined up to \$20,000, sentenced to jail, or both.

Student Signature: _____ Date: _____