



You were selected for a review process called Verification. Information on this form will be used to verify the accuracy of the information reported on the FAFSA. Please complete the entire worksheet. Incomplete worksheets will not be accepted.

Student Name: _____ ID # or SSN #: _____

HOUSEHOLD SIZE VERIFICATION – Follow these instructions to identify who you should include in your household size:

- List the people in your household you and your spouse will support between July 1, 2016, and June 30, 2017, in the box below. Include:
 - You and your spouse (if married and not separated when you filed the FAFSA),
 - Your children, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, **OR** if they would be required to provide your information when applying for Federal Student Aid, and
 - Other people **ONLY** 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 from July 1, 2016, through June 30, 2017.
- Write in the name of the college for any household member who will be attending college at least half-time between July 1, 2016, and June 30, 2017, and will be enrolled in a degree, diploma or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	Name of College
		Student	Fresno City College

ASSET INFORMATION as of the date you submitted the FAFSA – enter \$0 if none.

Report totals for yourself if single, or the combined total for yourself and spouse if married.

	Student & Spouse
1. What was the total balance of your cash, savings and checking accounts?	\$ _____
2. What was the net worth of your investments, including real estate? EXCLUDE YOUR PRIMARY RESIDENCE. Value minus debts related to the investments = NET WORTH.	\$ _____
3. What was the net worth of your business, including market value of land, buildings, machinery, equipment, inventory, etc.? Value minus debt for which the business was used as collateral = NET WORTH. If your business was owned and controlled by your family and has <u>fewer than</u> 100 employees, report \$0.00.	\$ _____
4. What was the net worth of your farm, including market value of land, buildings, machinery, equipment, inventory, etc.? Value minus debt for which the farm was used as collateral = NET WORTH. If your family lives on and operates the farm, report \$0.00.	\$ _____

INDEPENDENT STUDENT'S INCOME INFORMATION

1. TAX RETURN FILERS – Complete this section ONLY if the student and spouse (if married) filed or will file a 2015 income tax return with the IRS.

Check the box that applies:

- The student (and spouse if married) has used the IRS Data Retrieval Tool in FAFSA on the Web to retrieve and transfer 2015 IRS income information into the student's FAFSA.
- The student (and spouse if married) is unable to use the IRS Data Retrieval Tool in FAFSA on the Web and has attached a copy of a **2015 IRS tax return transcript** – not a photocopy of the income tax return. *Here are three ways to obtain an IRS tax return transcript:*

1. **Online**
 - a. Go to www.irs.gov
 - b. Select **Get My Tax Records**
 - c. Select **Get Transcript by MAIL**
 - d. Select **Federal Tax**
 - e. Under **Return Transcript** select **2015**.
 - f. *Your Tax Return Transcript will be mailed to you.*
2. **Phone** – call 1-800-908-9946 and follow the voice prompts,
3. **Mail** – Complete and return IRS Form 4506-T (or **Form 4506-T-EZ**), **Request for Transcript of Tax Return**. IRS forms are available online at www.irs.gov or by calling 1-800-829-3676.

2. TAX RETURN NONFILERS – Complete this section if the student (and spouse if married) will not file and is not required to file a 2015 income tax return with the IRS.

Check the box that applies:

- The student (and spouse if married) was not employed and had no income earned from work in 2015.
- The student (and spouse if married) was employed in 2015 and did not file taxes.

STUDENT/SPOUSE INCOME FROM WORK – List below the names of all the student's employers, the amount earned from each employer in 2015, and whether an IRS W-2 is attached. You must attach copies of all 2015 IRS W-2 forms issued to the student by employers. 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 school ID number at the top of the page.

Employer's Name	2015 Amount Earned	Income Earned By:	
<i>Example:</i> Suzy's Auto Body Shop	<i>Example:</i> \$2,000	<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

INDEPENDENT STUDENT'S OTHER INFORMATION

- Check this box if someone in the student's household (listed in the Household Size Verification section) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during 2014 or 2015.
- Check this box and complete this section if you and or your spouse (if married), listed in the Household Size Verification section, paid child support during 2015.

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 2015
<i>Example:</i> Marty Jones	<i>Example:</i> Chris Smith	<i>Example:</i> Terry Jones	<i>Example:</i> \$6,000
			\$ _____
			\$ _____

UNTAXED INCOME – Enter all untaxed income received in 2015 or \$0 if none.

A. Payments to tax-deferred pension and retirement savings - List any payments to plans, such as 401(k) or 403(b), including but not limited to amounts reported on W2 boxes 12a-12d codes D, E, F, G, H, and S.

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

B. Housing, food and other living allowances paid to members of the military, clergy, and others – List any payments and/or the cash value of benefits received by any family member that is military, clergy, etc. Do not include the value of on-base housing or basic allowance for housing for military.

Name of Person Who Received the Benefit	Type of Benefit Received	Amount of Benefit Received in 2015

C. Veteran non-education benefits – Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and VA Educational Work-Study allowances.

Name of Person Who Received the Benefit	Type of Veterans Non-Education Benefit Received	Amount of Benefit Received in 2015

D. Child Support received – List the actual amount of child support received for children in your household.

Name of the Adult Who Received the Child Support Payment	Name of the Child For Whom the Payment Was Made	Total Amount of Child Support Received in 2015

E. Other untaxed income – List the type and amount of other income received that has not been reported elsewhere on this form. Include payments from worker’s compensation, disability, untaxed portions of health savings accounts from, etc.

Name of the Person Who Received the Income	Type of Other Untaxed Income Received	Amount of Untaxed Income Received in 2015

F. Money received or paid on the student’s behalf – List any other money received or paid on the student’s behalf that is not reported elsewhere on this form. For example, if someone is paying the student’s rent, utilities, bills, or gives the student cash, gift cards, etc., list the total amount that person paid, *unless the person is the student’s parent whose information is reported on the student’s FAFSA*. Also include any distributions to the student from a 529 plan owned by someone other than the student or student’s parents.

Name and Relationship of the Person Who Gave the Payment	Type of Payment (e.g. Cash, Rent, Utilities)	Amount of Other Support Received in 2015

G. Additional Income Information – List any other resources/benefits received by the student and any other members of the student’s household.

Name of the Person Who Received the Resource/Benefit	Type of Resource/Benefit	Amount of Resource/Benefit Received in 2015

SUPPORT CERTIFICATION – Complete this section if the total of your/your spouse’s income reported on this form is less than \$5,000. Please explain how your monthly expenses were met (low income housing, SNAP (food stamps), cash aid, social security benefits, etc.).

Required Signatures:

By signing below, I (we) certify that the information reported on this worksheet is complete and accurate. If asked by the college, I (we) agree to provide proof of any information reported on this form or on my FAFSA. I (we) 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 (we) also understand if we purposely give false or misleading information I (we) may be fined up to \$20,000, sentenced to jail, or both.

STUDENT SIGNATURE

DATE