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RETURN TO:
SAN DIEGO MESA COLLEGE FINANCIAL AID
7250 MESA COLLEGE DRIVE, I4-107
SAN DIEGO, CA 92111-4998
619.388.2817
619.388.2824 [FAX]

2016–2017 Verification Worksheet
INCOME & EXPENSE FORM

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) application was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you have provided correct information we 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 [your spouse and/or your parent(s) if applicable] must complete and sign this worksheet in PEN ONLY, attach any required documents, and submit the form and other required documents to the financial aid office. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Student's Information

_____ _____

Last Name First Name M.I. CSID Number

Per the FAFSA, you are;

_____ **INDEPENDENT STUDENT. Student/Spouse must Complete Sections A, B, D, E, F. Student (and Spouse if applicable) sign and submit to the Financial Aid Office at Mesa College.**

_____ **DEPENDENT STUDENT. Parent(s) listed on FAFSA must Complete Sections A, B, C, E, F. Student & Parent(s) sign and submit to the Financial Aid Office at Mesa College.**

Student/Spouse OR Parent (if Dependent) Income Verification (Please provide a response to ALL of the questions below. DO NOT LEAVE ANY QUESTION BLANK).

List below all of the sources and amounts of money received from January 1, 2015 through December 31, 2015. Include untaxed income (e.g., CalWorks/TANF, SSI, Military Living Allowance, disability income, ETC) and earnings or income not reported on a federal or state income tax return (e.g., unemployment income if tax return not filed).

A. 2015 Sources of Money/Assistance (check all that apply, **Do Not Leave this section blank**. *You may be asked to provide verification*)

	ANNUAL AMMOUNT January 2015 – December 2015
❑TANF/CalWorks ❑Section 8 Housing ❑WIC ❑SNAP ❑ SSI/SSP ❑Medicare/Medicaid ❑Financial Aid ❑VA housing Allowance ❑ Social Security (Total from all sources checked above)	**$**
-Wages from Work (even if you have not filed a tax return)	$
-(ALL Other)	$
	$
Cash received or money paid on your (or your parents) behalf (ex: bills, rent, food paid by others) $_____ per month.	$
Total	$

B. Student/Spouse or Parent (if Dependent) Expense Verification (Do not leave any questions blank. Use '0' or 'N/A' for items that do not pertain to you)

2015 Expenses	**2015 MONTHLY AMOUNT**
1. Mortgage/Rent	
2. Utilities (i.e. Gas & Electric, phone, water, etc.)	
3. Food & Clothing	
4. Transportation (i.e. car payment, maintenance, gas, insurance, etc.)	
5. Other (i.e. child care, medical, etc)	
MONTHLY SUBTOTAL	
2015 ANNUAL EXPENSE TOTAL	

PLEASE COMPLETE REVERSE SIDE

C. Additional PARENT Information (for Dependent Students ONLY)

1. In 2015, where did you (the parents) live?

□ with Friend or Relative □ In Your Home or Rental

D. Additional Information for STUDENT/SPOUSE:

1. In 2015, where did you (the student and/or your spouse) live?

□ W/ Parents □ with Friend/Relative □ In Your Home or Rental

E. Student/Spouse or Parent (if Dependent)Written Statement:

Please explain any special circumstances concerning your financial situation and how you (or your parent if dependent) were able to meet living expenses (Be specific. You may attach additional pages if space is needed):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

F. Certification and Signatures (required for all persons reporting information above.)

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date. If married and filing jointly, the spouse's signature is optional. Additional documents may still be required.

Student's Signature		**Date**
Name of Spouse (please print)	**Signature of Applicant's Spouse**	**Date**
Name of Parent 1 IF APPLICABLE (please print)	**Signature of Parent 1**	**Date**
Name of Parent 2 IF APPLICABLE (please print)	**Signature of Parent 2**	**Date**

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

Submit this worksheet to the San Diego Mesa College Financial Aid Office.