



Return to:
 Ohlone College
 Financial Aid Office
 Building 7, 2nd Floor
 43600 Mission Blvd.
 Fremont, CA 94539
 510-659-7309 (Fax)

Name of Financial Aid Applicant *(Please print)*

Last **First** **Middle**

Student ID Number: _____

CA DREAM ACT-DEPENDENT STANDARD VERIFICATION GROUP

Your California Dream Act Application was selected for a process called Verification. The school is required to verify the information you reported on the Dream Act Application for accuracy. Any incorrect information will be corrected and resubmitted to the California Student Aid Commission. Final grant eligibility will be determined after the correct information is updated.

Processing can take 4-6 weeks.

A. FAMILY INFORMATION

Please list: Yourself, your parents even though you do not live with them, your parents' other children if your parents will provide more than 50% of their support or the children who are required to provide your parents' information on CA Dream Act Application, and your parents' other dependents if they are living with your parents and your parents provide and will continue to provide more than 50% of their total support between 07/01/2018-06/30/2019.

- Note:**
- If your dependency status cannot be determined, please contact Ohlone CA Dream Act Specialist for guidance.
 - If your biological parents are never married/separated/divorced but still living together, you must provide information about both.
 - Do not include foster child(ren)

Full Name	Age	Relationship	Born before 01/01/1995	Attending College	Will be Enrolled at Least Half Time Between 7/1/2018 & 6/30/2019
<i>James Thomas (example)</i>	23	Self		Ohlone College	<i>Yes</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: Please complete Parents' Other Dependent Support Form if you have sibling(s) that was born before 01/01/1995 or your parent has other dependent(s) to support.

B. INCOME INFORMATION

Important Note: If you have a unique Tax Situation, such as filed an amended 2016 IRS tax return, granted a Filing Extension, a Victim of IRS Tax-Related Identity Thief, or filed Non-IRS Income Tax Return (Puerto Rico, another U.S. territory, or with a foreign income), refer to 2018-2019 Verification of 2016 Income with Unusual Circumstances Form for guidance.

1. TAX RETURN FILERS: Check item(s) that applies:

- I ____/My parent(s) ____ filed 2016 tax return. Attach a copy of 2016 IRS tax return transcript -- NOT a photocopy of the income tax return, NOT an IRS tax account transcript -- along with the 2016 W-2's. (To obtain an IRS tax return transcript, go to www.irs.gov, click on the "Get a Tax Transcript" link under "Tools". Make sure to choose the "IRS tax return transcript" option.)
- I ____/My parent(s) ____ filed 2016 Non-IRS Income Tax Return (e.g. a U.S. territory or a foreign government). Attach a copy of tax account information issued by the relevant tax authority or foreign tax return with US currency conversion.

2. TAX RETURN NONFILERS: Complete this section if you/your parent(s) will not file and are not required to file a 2016 income tax return with the IRS, AND Must provide 2016 IRS Non-Filing Letter from the IRS or other relevant tax authority (e.g. a U.S. territory or a foreign government), dated on or after October 1, 2017, for your parent(s). You can request for 2016 IRS Verification of Non-Filing letter from the IRS web site at www.irs.gov or complete 4506T, check box 7.

Check item(s) that applies and complete low income statement:

- I ____/Parent 1 ____/Parent 2 ____ was not employed and had no income earned from work in 2016. Attach 2016 IRS Verification of Non-Filing letter for your parent(s).
- Parent 1 ____/Parent 2 ____ does not have a SSN/ITIN/EIN, so unable to obtain 2016 IRS Verification of Non-Filing letter. Complete the Low Income Statement.
- I ____/Parent 1 ____/Parent 2 ____ was employed in 2016 and have listed below the names of all employers, the amount earned from each employer in 2016. List every employer, attach a copy of W-2s, and 2016 IRS Verification of Non-Filing letter.

Employer's Name	2016 Amount Earned	W-2/1099 Attached?
Max's Auto Body Shop (example)	\$2,000.00(example)	Yes(example)

- **Foreign Income statement:** if you and/or your parents were living in a foreign country that does not require filing tax returns in 2016, indicate the total earned income for each person:

Student: \$ _____ in _____ (country)
 Parent 1:\$ _____ in _____ (country)
 Parent 2:\$ _____ in _____ (country)

- **Low Income Statement (Explain how your family living expenses were met in 2016. Provide all income resources with the total amount received in 2016):**

C. CERTIFICATION AND SIGNATURE(S)

Each person signing below certifies that all of the information reported is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

 Student's Signature (Required) Date Parent's Signature (Required) Date