

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)					
First	Middle				
	First				

CA DREAM ACT-DEPENDENT STANDARD VERIFICATION GROUP

Your 2019-2020 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 3-5 weeks.

Α.

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 07/01/2019-06/30/2020.

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 01/01/1996	Name of College	Will be Enrolled at Least Half Time Between 7/1/2019 & 6/30/2020
James Williams (example)	23	Self		Ohlone College	Yes
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			□ Yes □ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

Note: Please complete Parents' Other Dependent Support Form if you have sibling(s) that was born before 01/01/1996 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 <u>amended 2017 IRS</u> 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 2019-2020 Verification of 2017 Income with Unusual Circumstances Form for guidance.

Student Name:	nt Name: ID#:				
• I/My paren		O YOU, YOUR PARENT(S), AND THEN Creturn. Attach a <u>signed</u> copy of 2017 Individu			
• I/My paren	t(s)filed 2017 Non	n-IRS Income Tax Return (e.g. a U.S. territory ax return with US currency conversion.	or a foreign government). Attach		
names of all emplo		s employed in 2017, but did not earn enough t from each employer in 2017. Attach copy of for parent(s) ONLY).			
Employe	r's Name	2017 Amount Earned	W-2 Attached?		
	Shop (Example)	\$2,000 (Example)	Yes (Example)		
 Foreign Income si returns in 2017, income 	tion of Non-Filing Letter	your parents were living in a foreign country to come for each person:	•		
	in				
Parent 2:\$	in	(country)			
c.	CERTIFIC	CATION AND SIGNATURE(S)			
		formation reported is complete and correct. If be fined, be sentenced to jail, or both.	you purposely give false or		
Student's Signature (Requir	red) Date	Parent's Signature (Required)	Date		
WA	VS TO ORTAIN IDS TA	V DETIIDN TDANSCOIDT/ NON EII INC STA	ATTIC I ETTED		
WA	15 TO ODTAIN IKS TAZ	X RETURN TRANSCRIPT/ NON-FILING STA	HUS LETTER		
Link to request for transcript	https://www.irs.gov/individ	duals/get-transcript			
1					

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