

Part III – Please complete/submit required supporting documents listed below for student, spouse, and/or parent(s).

- Complete a 2018-2019 FAFSA and submit all requested forms for the 2018-2019 financial aid file.
- Submit Verification documents (**Verification** Worksheets available on the Financial Aid website)
 - a. If **independent**, complete the **2018-2019 V1 Independent Verification Worksheet** and attach a copy of you/your spouse’s (if married) 2016 IRS Tax Return Transcript even if you used the IRS Data Retrieval Tool.
 - b. If **dependent**, complete the **2018-2019 V1 Dependent Verification Worksheet** and attach a copy of you and your parent’s 2016 IRS Tax Return Transcript even if you used the IRS Data Retrieval Tool.
- Letter explaining the loss of income and/or benefits from the person indicated in Section 1.
- Copy of 2016 **AND** 2017 Federal IRS Tax Return Transcripts (student and/or spouse; parent's)
- A letter from your last employer(s) on company letterhead that verifies the date of layoff, retirement and/or reduction of work hours.
- A letter from your CURRENT employer(s) indicating hourly wage and estimated number of hours to be worked, per week or month.
- A copy of the **year-to-date** paycheck stub verifying income (student and/or spouse; parent's)
- A copy of your unemployment statement or termination/reduction of Social Security and/or other types of benefits (if currently receiving benefits).
- Other (please specify): _____

Part IV – Provide 2018 year-to-date income AND projected income for the person(s) experiencing the change or loss of income/benefits.

<u>DO NOT LEAVE ANYTHING BLANK</u>	Student <small>(year to date income)</small>	Student <small>(projected income from now to the end of 2018)</small>	Spouse <small>(year to date income)</small>	Spouse <small>(projected income from now to the end of 2018)</small>
Wages, salaries, tips (earnings from work)	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Worker’s Compensation, Disability	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security Benefits (SSI, SSDI)	\$	\$	\$	\$
Cal Works/TANF	\$	\$	\$	\$
Cash Assistance from family, friends, etc.	\$	\$	\$	\$
Other Income:	\$	\$	\$	\$
Total year-to-date income plus proof of projected 2017 income	\$	\$	\$	\$

Student’s Last Name: _____ **Student ID:** _____





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<u>DO NOT LEAVE ANYTHING</u> <u>BLANK</u>	Parent 1 (year to date income)	Parent 1 (projected income from now to the end of 2018)	Parent 2 (year to date income)	Parent 2 (projected income from now to the end of 2018)
Wages, salaries, tips (earnings from work)	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Worker's Compensation, Disability	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security Benefits (SSI, SSDI)	\$	\$	\$	\$
Cal Works/TANF	\$	\$	\$	\$
Cash Assistance from family, friends, etc.	\$	\$	\$	\$
Other Income:	\$	\$	\$	\$
Total year-to-date income plus proof projected 2017 income	\$	\$	\$	\$

SECTION 4: CERTIFICATION & SIGNATURES

WARNING: If you purposely give false or misleading Information on this worksheet you may be fined, be sentenced to jail, or both. If the Financial Aid Officer determines or suspects fraud or forgery, all information will be forwarded to the Dean of Student Services, the Office of Inspector General of the Department of Education, and/or the local law enforcement agency.

Each person signing this worksheet certifies that all of the information reported is complete and correct

STUDENT SIGNATURE

DATE

PARENT SIGNATURE (for dependent students only)

DATE

Student's Last Name: _____ *Student ID:* _____

OFFICE USE ONLY

Approved Denied Delayed

By: _____

Date: _____

Comments: _____
