

**2018-2019
CALIFORNIA DREAM ACT INDEPENDENT VERIFICATION WORKSHEET**

Your 2018-2019 Dream Act Application was selected for a process called "verification." Humboldt State University is required to confirm the information you and your spouse (if married) reported on your Dream Act Application. Accurate completion of this form is required in order to verify and process your application. No payments will be disbursed until we receive and review these documents. Please follow these instructions:

1. **Do not leave any questions or sections blank. If the answer is zero, or does not apply to you, enter "0". Failure to do so will delay processing of your aid.**
2. **Student and Spouse (if married) must sign.**
3. **Attach a signed copy of your and your spouse (if married) 2016 IRS Tax Transcript.** If you are married filing separately, attach a copy of both transcripts. If you are separated or divorced but filed jointly, attach all 2016 W-2 forms.

A. STUDENT INFORMATION

Last name First name MI HSU ID#

B. Family Information- STUDENT: Who are you allowed to include in your household?

- Yourself and your spouse (If you have one).
 - Your children, if you will provide more than half of their support from July 1, 2018 through June 30, 2019
 - Other people if they now live with you (the student), and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.
 - Write the names of all household members, including yourself
 - Include the name of the college for any household member, who will be enrolled, at least half time in a degree, diploma or certificate program at a postsecondary educational institution any time between July 1, 2018 and June 30, 2019
- Support includes: money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses**

FULL NAME	AGE	RELATIONSHIP TO STUDENT	NAME OF COLLEGE ATTENDING 2018-2019
		SELF	Humboldt State University

C. In 2016 or 2017 did you (the student) or anyone in your household receive any of the following benefits? Check all boxes that apply.

Supplemental Security Income (SSI)	Food Stamps	WIC
Free or Reduced Price Lunch	Temporary Assistance for Needy Families	

D. 2016 Federal Income Tax Filing Status. If you filed a 2016 U.S. Income Tax Return you must send us a copy of your 2016 IRS Tax Transcript. If you are divorced or separated but filed jointly, you MUST provide all 2016 W-2 forms.

If you the student did not file and are not required to file a 2016 Federal income tax return, check box below and list your employer(s) and any income received in 2016 (use the 2016 W-2)		
	2016 Employer	Amount Earned Jan. 2016-Dec. 2016
<input type="checkbox"/>	Student & spouse (if married) will not file a 2016 tax return. Tell us the source and amount of your and your spouse's income (if married)	\$

D. 2016 Additional Financial Information**DO NOT LEAVE ANY BLANK SPACES******

	Student and Spouse (if married)
Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household.	\$
Taxable earnings from need-based employment programs, such as Federal Work Study and need-based employment portions of fellowships and assistantships.	\$
Taxable college grant and scholarship aid reported to the IRS as income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay	\$

E. 2016 Untaxed Income **DO NOT LEAVE ANY BLANK SPACES******

Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the 2016 W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	\$
IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 -- line 28+32 or 1040A -- line 17.	\$
Child support received for all children Don't include foster care or adoption payments.	\$
Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b	\$
Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$
Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing	\$
Veterans' non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
Other untaxed income and benefits not reported elsewhere, such as worker's compensation, disability benefits, etc. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$

E. SIGNATURE. Student and spouse (if married) must sign. I/We certify that all information reported on or submitted with this form is complete and correct to the best of our knowledge. I/We understand that if we purposely give false or misleading information to qualify for financial aid, we may be subject to prosecution, which may result in a fine, a prison sentence, or both.

Student Signature: _____ Spouse Signature: _____

Date: _____