

Dependent Verification Worksheet 2019-2020

Your application has been selected by the California Student Aid Commission (CSAC) for a process called "Verification."

SECTION A. Student Informa	ation					
Last Name	First Name	Dre	eam Act ID	SMC Sti	udent ID Num	nber
SECTION B. Household Size	and Number in	College				
List the people in your parent			listed below:			
 Yourself, even if you do r Your parent(s); Your parent(s) other dep 1, 2019 through June 30, for financial aid; Other people if they now provide more than half o support themselves with the provide the name of the half-time during the 2019 	endent children if 2020 or (b) if the control with your part from their support from their own income, ecollege for any hor	carents; (a) your parents will probable to be required to the sand your parent or July 1, 2019 through wen if some household member who	ovide more than h uired to provide p (s) <u>provide more tl</u> June 30, 2020. <u>Do r</u> expenses are share	han half of their support include any peopode.	nen applying port and will one who live wit	continue t h you but
Tidii-iime doiling ine 2017		I		Name of College	University	
Full Name	Age	Age Relationship to Student		Name of College/University (minimum half-time enrollment)		
		Self		Santa Monica	College	
	-	dditional household men	nbers. Include all the	e information required o	n the chart.	
SECTION C. Student and Pa	rent Income Ve	rification		•	n the chart. Student	Parent
SECTION C. Student and Pa	rent Income Ven	rification tach required docume		•		Parent
SECTION C. Student and Pa Select ONLY ONE of the following	rent Income Veng options, and at no earned incomed taxes for that comed incomed incomed incomed income i	rification tach required docume e in 2017. calendar year.	entation, if applica	•		Parent
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Please sign, scan and email your form to financialaid@smc.edu for faster service, or submit in person at Santa Monica College, Office of Financial Aid & Scholarships.