CCA CALIFORNIA COLLEGE OF THE ARTS

Office of Financial Aid, 1111 Eighth Street, San Francisco, CA 94107 P: 415.703.9528 F: 415.551.9261 Email: finaid@cca.edu

# 2024-2025 Independent Verification Worksheet

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected by the U.S. Department of Education for a required review called verification. The Financial Aid Office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be electronically corrected by our office.

You must complete and sign this worksheet (student and spouse if married), upload any required documents, and submit the form and other required documents to the Financial Aid Office. We may ask for additional information. If you need assistance, please contact our office.

## A. Student Information

Last Name First Name M.I. Student ID Number

## B. Family Size Information

Your family size, includes the following:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if all of the following are true:
  - They live with the student (or live apart because of college enrollment);
  - They receive more than half of their support from the student; and
  - They will continue to receive more than half their support from the student during the award year (between July 1, 2024 and June 30, 2025).
- Other persons if all of the following are true:
  - They live with the student;
  - They receive more than half of their support from the student; and
  - They will continue to receive more than half their support from the student during the award year (between July 1, 2024 and June 30, 2025).

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.

| Full Name | Age | Relationship |
|---|---|---|
| | | *Self* |
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Each person signing below certifies that all of the information reported is complete and correct. The student (and the spouse) whose information was reported on the FAFSA must sign and date. **Typed signatures cannot be accepted.**

***Warning:*** *If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.*

**Student** **Date** **Spouse** **Date**