INDEPENDENT STUDENT VERIFICATION WORKSHEET 2024-2025



ast Name	First Name	Age/Date of Birth	CCAD ID or Last 4 Digits of SSN
			•
mail Address			Preferred Phone Numbe
MARITAL INFORMATION	ON (ONLY REQUIRED IF STUDEN	NT IS MARRIED, DIVO	DRCED, OR SEPARATED)
OMPLETE THE TABLE BELOV		wital status and data	
	parated, include your most recent ma ouse's name and date of birth.	iritai status and date;	
Do not complete this section	on if you are single/unmarried.		
•	on if you are single/unmarried.	٦	
Do not complete this section Marital Status (check only one)	on if you are single/unmarried. Spouse's Name: (if married)		
Marital Status (check		Spouse's Date of Birth married)	(if
Marital Status (check only one)	Spouse's Name: (if married) Date of Most Recent Marital Status	•	(if
Marital Status (check only one) Married	Spouse's Name: (if married) Date of Most Recent Marital Status	•	(if

- Include other people if they now live with you and you (or your spouse) provide more than half of their support and will
 continue to provide more than half of their support from July 1, 2024

 –June 30, 2025.
- Do not include yourself or your spouse in the box below. That information is reported in Section A and B.

Full Name	Age/Birth Date	Relation to Student

(Attach a separate sheet or list below in margin if you need more room.)

More information needed on the back of this worksheet.

STUDENT			SPOUSE (or	nly required if student is married)
1) Check one of the fo	ollowing:			ne of the following:
or equivalent foreign ta I was not employed an come in 2022 and did required to file a 2022 foreign tax return. I did not file or was red Federal Tax Return but	ed or DDX used from IRS* x return. d had no earned in- not file and was not Federal Tax Return or uired to file a 2022 did work and/or have		My spouse fi Circle: Trans or equivalen My spouse earned inco was not req Return or fo My spouse of to file a 202	led a 2022 Federal Tax Return* cript Enclosed or DDX used from IRS* t foreign tax return. was not employed and had no me in 2022 and did not file and uired to file a 2022 Federal Tax oreign tax return. did not file or was required 2 Federal Tax Return but did
earned income and ha 1099(s) and listed inco Student: \$	me below.	ovo) li mo	have include listed incom	Student:S
Name of Employer(s)		Amou	nt Earned in :	2022 W-2 box 1
oouse Income Information (only complete if requested abo	ove) If mor	e space is requ	uired, attach a separate page.
Name of Employer(s)		Amount	Earned in 202	2 W-2 box 1
<u>vith all schedules,</u> or use t ranscripts are available o	he IRS Direct Data Exchang n irs.gov/individuals/get-tra	e (DDX)	within the FA	
. CERTIFICATION AND SI		on thic wor	kehoot and any	additional documentation provided
	ked, we agree to provide addition		•	additional documentation provided to clarify and verify accuracy.
udent Signature	Student Printed Name		 Date	Print out and sign with pen.

Return secure documents by uploading this worksheet on-line at: links.ccad.edu/FinancialAidUploads

It is strongly recommended to submit all requested information as soon as possible. All information must be submitted 30 days prior to end of the last semester the student attends during the 2024 2025 academic year. You will be notified by email if additional information is needed. Once verification is completed, we will review the file and email a financial aid offer, typically within 10 days.

Date

Note: If there are differences found through verification your FAFSA may be electronically corrected.

Spouse's Signature (if married)