



Your 2019-2020 California Dream Act Application (CDAA) was selected for review in a process called verification. The law says that before awarding State Student Aid, we may ask you to confirm the information reported on your CDAA. To verify that you provided correct information the financial aid administrator at your school will compare your CDAA with the information on this form and with any other required documents. If there are differences, your CDAA information will be corrected.

- **Type on this form, or print legibly with blue or black ink.**
- **Complete all fields. If something does not apply to you, please enter "N/A" or "0".**

PAGE 1 - STUDENT DATA & EDUCATIONAL GOAL:

- Complete all fields. Enter "N/A" or "0" if something does not apply to you.
- Select the semester(s) you are requesting Shasta College to evaluate your eligibility for funding.
- Select ONE Shasta College Degree OR Certificate you are pursuing.

PAGE 3 - DEPENDENCY STATUS:

- A student is "**Dependent**" if he/she was required to provide parental information on the CDAA.
- A student is "**Independent**" if he/she was not required to provide parental information on the CDAA.

HOUSEHOLD INFORMATION:

- Carefully read through dependency definitions to determine who should be listed in your household.

MARITAL STATUS:

- Student – Select one marital status and provide date.
- Parent – Select one marital status and provide date (Required if you are a dependent student).

CHILD SUPPORT:

- Select "Yes" or "No".
- If yes, complete "Additional Child Support Information Section."

PAGE 4 - STUDENT/SPOUSE TAX & INCOME INFORMATION

- Complete the "Income & Resources" section. Answering yes or no to benefit programs will not affect Financial Aid eligibility.
- Select one option from the tax documentation questions.
- An IRS Tax Return Transcript is requested and obtained from the IRS.
- An IRS Wage & Income Transcript is requested and obtained from the IRS. Use this option if you had earned income, but were not required to file a tax return.
- If you were employed and earned income, provide ALL employer names, the amount earned for the entire year.
- Provide a statement explaining how you met living expenses if you had little or no income.

PAGE 5 - PARENT TAX & INCOME INFORMATION

- Complete the "Income & Resources" section. Answering yes or no to be benefit programs will not affect Financial Aid eligibility.
- Select one option from the tax documentation questions.
- An IRS Tax Return Transcript is requested and obtained from the IRS.
- An IRS Wage & Income Transcript is requested and obtained from the IRS. Use this option if you had earned income, but were not required to file a tax return.
- If you were employed and earned income, provide ALL employer names, the amount earned for the entire year.
- Provide a statement explaining how you met living expenses if you had little or no income.

Page 6 - CERTIFICATION & SIGNATURES:

- Please read all statements, sign and date.
- Dependent Students: At least one parent must sign this form.



Financial Aid Office
 PO Box 496006, Redding, CA 96049-6006
 Phone: (530) 242-7650

Office Use Only

Office Use Only

ARAC- NE Prior File: Y N

STAFF _____

Name: _____

Student Information:

Student ID#:	Date of Birth:	
First Name:	Last Name:	
Address or PO Box:		
City:	State:	Zip Code:
Email Address:		
Home #:	Cell #:	

Are you between the ages of 16 and 23? Yes No If Yes, are you a current or former Foster Youth? Yes No

I am requesting that Shasta College evaluate my eligibility for funding as I plan to enroll at Shasta College:

Fall 2019 Only Fall 2019 /Spring 2020 Spring 2020 Only Summer 2020

Verified Educational Goal: _____

Major code: _____ (Example: AS.1500 or CT.3256)

- Reference the current academic catalog at:
<http://www.shastacollege.edu/Academic%20Affairs/pages/406.aspx>
- If you need to meet with a counselor to determine your educational goal, please call 530-242-7724.

Family and Household Information

Dependent Student*

* A student is considered dependent if he/she was required to provide parental information on the CDAA

List the following people in your parent(s)' household:

- Yourself
- Your parent(s) even if you don't live with your parent(s) (including a stepparent, unmarried biological parents living together, or parents in a same sex marriage)
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2019 through June 30, 2020 (including children who meet these standards, even if they do not live with your parent(s))
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2020

Independent Student*

* A student is considered independent if he/she was not required to provide parental information on the CDAA

List the following people in your household:

- Yourself
- Your spouse (including same sex marriage)
- Your children, if any, if you will provide more than half of their support from July 1, 2019 through June 30, 2020. Include children who would be required to provide your information on a 2019-2020 CDAA, even if they do not live with you
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2020

Full Name	Age	Relationship	Name of College, If Attending	Will be Enrolled at Least Half Time between July 1, 2019 – June 30, 2020
		Self		

Student Marital Status

- Single
- Married, Date of Marriage: _____
- Separated, Date of Separation: _____
- Divorced, Date Divorce was Final: _____
- Widowed, Date: _____

Parent Marital Status

- Single
- Married, Date of Marriage: _____
- Separated, Date of Separation: _____
- Divorced, Date Divorce was Final: _____
- Widowed, Date: _____

2017 Child Support Paid

Did a) you and/or spouse **OR** b) one or both of your parents pay child support during the 2017 calendar year?

- No Yes—complete the Additional Child Support Section below:

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Total Amount of Child Support Paid in 2017
<i>Marty Jones(example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

You may be asked by the school to provide documentation of benefits received.

Student and/or Spouse (including same sex marriage) 2017 Income & Resources

Tell us how much you earned or received between January 2017 – December 2017

Unemployment Compensation	\$	Medicaid/SSI 2017 Medicaid/SSI 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Worker's Compensation	\$	CalWORKS/TANF 2017 CalWORKS/TANF 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Untaxed Pension	\$	SNAP (Food Stamps) 2017 SNAP (Food Stamps) 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Untaxed IRA Distributions	\$	Foster Care Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support Received	\$	WIC 2017 WIC 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Housing and other living allowances <input type="checkbox"/> Clergy	\$	Free/Reduced Lunch for Children 2017 Free/Reduced Lunch for Children 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
CA State Disability	\$		

Student/Spouse – Tax and Income Information

Check only one box below:

- Attached is my, and spouse (if applicable) IRS obtained 2016 Tax Return Transcript
- I, or my spouse (if applicable) had earnings but was not required to file a 2017 U.S. Income Tax Return. Attached is one of the following:
 - IRS Wage & Income Transcript
 - W2's for 2017
- I, or my spouse (if applicable) was not employed and earned no income from working in 2017.
- Employed and earned income, but did not receive a W2 for 2017.
 - List Employer(s) and Income earned below:

EMPLOYER'S NAME	2017 AMOUNT EARNED
<input type="checkbox"/> Student <input type="checkbox"/> Spouse	
<input type="checkbox"/> Student <input type="checkbox"/> Spouse	
<input type="checkbox"/> Student <input type="checkbox"/> Spouse	
<input type="checkbox"/> Student <input type="checkbox"/> Spouse	

1. If you do not receive Federal or State benefits and earned less than \$6,300 in 2017, please explain how your living expenses were met.

2. What is your projected income from July 1st 2018 through June 30th 2020? Please explain your projected amount and source of income.

Parent – Tax and Income Information

Parent(s) listed on the CDAA (including stepparent, unmarried biological parents living together, or parents in same sex marriage)
 2017 Income & Resources: Tell us how much you earned or received between January 2017 – December 2017

Unemployment Compensation	\$	Medicaid/SSI 2017 Medicaid/SSI 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Worker’s Compensation	\$	CalWORKS/TANF 2017 CalWORKS/TANF 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Untaxed Pension	\$	SNAP (Food Stamps) 2017 SNAP (Food Stamps) 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Untaxed IRA Distributions	\$	Foster Care Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support Received	\$	WIC 2017 WIC 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Housing and other living allowances <input type="checkbox"/> Clergy	\$	Free/Reduced Lunch for Children 2017 Free/Reduced Lunch for Children 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
CA State Disability	\$		

Check only one box below:

- Attached is my, and spouse (if applicable) IRS obtained 2017 Tax Return Transcript
- I, or my spouse (if applicable) had earnings but was not required to file a 2017 U.S. Income Tax Return. Attached is one of the following:
 - IRS Wage & Income Transcript
 - W2’s for 2017
- I, or my spouse (if applicable) was not employed and earned no income from working in 2017.
- Income, resources and living expense statement are provided below:
- Employed and earned income, but did not receive a W2 for 2017.
 - List Employer(s) and Income earned below:

PARENT NAMES	EMPLOYER’S NAME	2017 AMOUNT EARNED

If you do not receive Federal or State benefits and earned less than \$6,300 in 2017, please explain how your living expenses were met.

Certification and Signatures

Each person signing this worksheet certifies that all of the information reported is complete and correct. The student (and one parent listed on the CDAA, if a dependent student) must sign and date below:

- I authorize Shasta College to deduct any outstanding financial debts owed to the institution from my financial aid funds.
- I have read and understand the Return to Title IV Consumer Information at www.shastacollege.edu/fa_r2t4
- I understand I may be asked to provide documentation of income and/or benefits reported on this form.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent 1 Name (Please Print): _____

Parent 1 Signature: _____ Date: _____

Parent 2 Name (Please Print): _____

Parent 2 Signature: _____ Date: _____

WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

*This form contains personally identifiable information. It is important to safeguard your information. **Do not mail this form to the California Student Aid Commission.** Make a copy of this form for your records. Shasta College is an equal opportunity educator and employer. Updated 1/28/19*

SUBMIT THIS FORM TO ANY SHASTA COLLEGE CAMPUS

- **Shasta College Financial Aid Office**
Main Campus Building 100, Room 139
11555 Old Oregon Trail Redding, CA 96003
Contact Number: 530.242.7650
- **Shasta College Tehama Campus**
770 Diamond Avenue
Red Bluff, CA 96080
Contact Number: 530.529.8980
- **Shasta College Trinity Campus**
30 Arbuckle Court
Weaverville, CA 96093
Contact Number: 530.623.2231
- **Shasta College Intermountain Campus**
37581 Mountain View Road
Burney, CA 96013
Contact Number: 530.335.2311
- **SUBMIT THIS FORM BY EMAIL**
financialaid@shastacollege.edu
- **SUBMIT THIS FORM BY MAIL**
Shasta College: ATTN: Financial Aid Office
PO Box 496006 Redding, CA 96049-6006