2026-2027
Form #1 –Standard Verification Group

Your Free Application for Federal Student Aid (FAFSA) or California Dream Act Application was selected for review process called "Verification". In this process we compare your FAFSA with information on this worksheet and other required documents, such as your 2024 IRS tax information. If there are differences, the Financial Aid Office will make the necessary changes. The Financial Aid Staff will not make any financial aid payments to you until all verification and required documentation have been met and the necessary corrections have been made.

STUDENT INFORMATION

Last Name (Please Print) First Name M.I.

Peralta Student ID

Telephone Number (where best to reach you)

FAMILY/HOUSEHOLD INFORMATION (Please check one of the boxes below).

☐ **Dependent Student:** List the people in your parents' household. Include yourself, your parent(s) (including stepparent) even if you don't live with your parents, and other children if (a) your parents will provide more than half of their support between July 1, 2026 and June 30, 2027, or (b) if the other children would be required to provide parental information if they were completing a FAFSA for 2026-2027. Include children who meet either of these standards even if the children do not live with the parents. Also include any other people who now live with your parent(s) and for whom your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2027.

☐ **Independent Student:** List the people in your household. Include yourself, your spouse (if married), and children if you will provide more than half of their support between July 1, 2026 and June 30, 2027, even if the children do not live with you. Include also, any other people who now live with you and for whom you are providing more than half of their support and will continue to provide more than half of their support between July 1, 2026 and June 30, 2027.

Write the names of all household members including yourself. Also write the name of the college for any family member, excluding your parent (if dependent), who will be attending college at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution between July 1, 2026 and June 30, 2027. Include the name of the college. If more space is needed, attach a separate page with the student's name and Peralta Student ID# at the top.

Full Name	Age	Relationship to Student	College Attending
Theodore Cleaver (example)	*19*	*Brother*	*Yellowstone University*

Berkeley City College
2050 Center Street
Berkeley, CA
510.981.2805

College of Alameda
555 Ralph Appezzato Mem.Pkwy
Alameda, CA 94501
510.748.2228

Laney College
900 Fallon Street
Oakland, CA 94607
510.464.3314

Merritt College
12500 Campus Drive
Oakland, CA 94619
510.436.2465

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STUDENT'S (AND SPOUSE'S, IF MARRIED) INCOME & BENEFITS INFORMATION

Check the appropriate box below and provide the requested information and documents:

☐ I/we used the FA-DDX to transfer my/our 2024 income information to the FAFSA.

☐ I/we did not (or could not) transfer my/our 2024 income information to the FAFSA using the FA-DDX. I/we have attached a copy of my/our 2024 IRS Tax Return Transcript(s).

☐ I (and, if married, the student's spouse) was not employed and had no income earned from work in 2024. I have provided a copy of my IRS Verification of Non-Filing Letter for 2024 (***for independent students only***).

☐ I (and, if married, the student's spouse) have income earned from work and not required to file a 2024 income tax return with the IRS. I have entered all income information below, listing the names of all employers. I have provided copies of all 2024 IRS W-2 forms and/or 1099 forms. In addition, I have provided a copy of my IRS Verification of Non-Filing Letter for 2024 (***for independent students only***).

Employer's Name	2024 Amount Earned	IRS W-2, 1099 Provided?
Acme Auto Body Shop (example)	*$2,000.00*	*Yes*

PARENTS' INCOME & BENEFITS INFORMATION (Dependent Students Only)

Check the appropriate box below and provide the requested information and documents:

☐ I/we used the FA-DDX to transfer my/our 2024 income information to the FAFSA.

☐ I/we did not (or could not) transfer my/our 2024 income information to the FAFSA using the FA DDX. I/we have attached a copy of my/our 2024 IRS Tax Return Transcript(s).

☐ I was not employed, had no income earned from work in 2024, and did not and was not required to file taxes for 2024. I provided a copy of my IRS Verification of Non-Filing Letter for 2024.

☐ I/we worked but did not and was not required to file a 2024 Federal Income Tax Return. I/we have listed below the names of all employers, the amount earned from each employer in 2024, whether an IRS W-2 form or 1099 is provided. I/we listed every employer even if the employer did not issue an IRS W-2 or 1099 form. I/we provided copies of all 2024 IRS W-2 and/or 1099 forms issued to me/us and provided verification from the IRS of Non-Filing status.

Employer's Name	2024 Amount Earned	IRS W-2, 1099 Provided?
Acme Auto Body Shop (example)	*$2,000.00*	*Yes*

CERTIFICATION AND SIGNATURE

By signing below, I/we certify the information reported on this worksheet is complete and accurate and authorize the Financial Aid Office to perform necessary electronic ISIR correction on my behalf. I/we agree to provide proof of any information reported on this form or on my FAFSA or Dream Act. I/we realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I/we also understand if we purposely give false or misleading information I/we may be fined, sentenced to jail or both. If you are an independent and married student, a spouse signature is optional. If you are a dependent student, one parent **must** sign below.

Student Signature **Date**

Spouse Signature (if married) or Parent Signature (if a dependent student) **Date**