The student’s FAFSA was selected for a process called “Verification.” Cabrillo must compare information from the FAFSA with signed copies of your parent’s 2014 financial information. Cabrillo must determine how the student’s family meets living expenses with very low reported income and assets.

If there are differences between student’s FAFSA information and parent’s financial documents, we may need to make FAFSA corrections electronically. Answer each question below as it applies to the parent. If any item does not apply, enter “N/A” for Not Applicable or ‘0’ where an amount is requested.

So that we can fully understand the family’s financial situation, please provide information about any resources, benefits, and other financial amounts received by the student, parents, and/or any members of the parent’s household. This may include items that were not required to be reported to the IRS, on the FAFSA, or other forms submitted to the Financial Aid Office. Include payment of bills, gifts from family or friends, federal veterans education benefits, military housing, Workers Compensation, SNAP, TANF, SSI, and any other resources provided to the parent’s household.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

<table>
<thead>
<tr>
<th>Purpose: e.g., Cash, Rent, Books</th>
<th>Amount Received in 2014</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Rent $3000 ($500/month – Jan-June)</td>
<td>Live-in partner</td>
<td></td>
</tr>
<tr>
<td>e.g. Disability Insurance $3600 ($300/month for 12 months)</td>
<td>SSI</td>
<td></td>
</tr>
</tbody>
</table>

To determine the correct annual amount for each item: If you received the same dollar amount every month in 2014, multiply that amount by the number of months in 2014 you received it. If you did not receive the same amount each month in 2014, add together the amounts you received each month.

Parent: Explain below how you met your living expenses in 2014 with the low income and assets reported on the student’s FAFSA:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

BY SIGNING THIS FORM, I/WE CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS COMPLETE AND CORRECT.

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

Parent Name (please print) ________________________________

Parent Signature________________________________________ Date ___________