



# San Diego City College (SDCC)

## 2026-2027 Independent Verification Form

1. Obtain your **2024 1040 IRS Tax Transcript** Via [IRS.Gov](https://www.irs.gov) for the 2024 year
2. Obtain **Wages and Income Statement** Via [IRS.Gov](https://www.irs.gov) or **submit a photo of W-2** from **2024**
3. Complete the **Independent Verification Form** entirely

**SUBMIT ALL DOCUMENTS TOGETHER ON ONE TICKET**

### TITLE IX Disclaimer

The San Diego Community College District is committed to a safe and equitable learning environment for all students and employees. It does not discriminate on the basis of sex or gender in its educational programs and employment. Please refer to the **SDCCD Board Policy 3410: NONDISCRIMINATION** at the link below.

For details and contact information: [F-18\\_Title-IX-SDCCD.pdf](#)

[SDCCD Board Policy 3410](#)

## 2026–2027 Verification Worksheet for Independent Student (MVRWSI-12)

Your 2026–2027 Free Application for Federal Student Aid (FAFSA)/California Dream Act Application was selected for review in a process called verification. The law says that before awarding Federal/State Student Aid, we may ask you to confirm the information you reported on your FAFSA/California Dream Act Application. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA/California Dream Act Application with the information on this worksheet and with any other required documents. If there are differences, your FAFSA/California Dream Act Application information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

### A. Independent Student's Information

Last Name	First Name	M.I.	Student's ID (10 digit)
Street Address (include apt. no.)			Date of Birth
City	State	Zip Code	Email Address
Home Phone Number (include area code)			Alternate or Cell Phone Number

### B. Independent Student's Family Information

List below the people in your household. Include:

- Yourself AND Your Spouse, if you are married.
  - In the case of California Dream Act applicant, please include registered domestic partner information.
- Your children, if any, if you will provide more than half of their support from July 1, 2026, through June 30, 2027, or if the child would be required to provide your information if they were completing a FAFSA for 2026-2027. Include children who meet either of these standards, even if they do not live with you.
  - If you listed any children and both biological parents live together both must be included.
- 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, 2027.

*Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2026, and June 30, 2027.*

Full Name	Age	Relationship	Will this person be attending College during 2025-26? (circle answer)	If YES, Name of College:	Enrolled in 6 units or more? (circle answer)
		<i>Self</i>	<i>YES/NO</i>	<i>City College</i>	<i>YES/NO</i>
			<i>YES/NO</i>		<i>YES/NO</i>
			<i>YES/NO</i>		<i>YES/NO</i>
			<i>YES/NO</i>		<i>YES/NO</i>
			<i>YES/NO</i>		<i>YES/NO</i>
			<i>YES/NO</i>		<i>YES/NO</i>
			<i>YES/NO</i>		<i>YES/NO</i>
			<i>YES/NO</i>		<i>YES/NO</i>

***If more space is needed, attach a separate page with your name and Student ID number at the top.***

***Please also complete reverse side***

**C. Student/Spouse Income Information to be Verified.**

**Please check the one correct box in section**

*In the case of the California Dream Act applicant, please include registered domestic partner tax information for you and your partner. In addition, if you have a child and biological parents live together, tax information for both is to be provided even if they filed separately.*

1.  I (The Student and/or Spouse if married) was (were) employed and/or filed a 2024 IRS Tax Return form. I have used the IRS Data Retrieval Tool in the FAFSA on the Web to retrieve and transfer 2024 IRS income information into either the initial FAFSA or when making a correction to the FAFSA. **(If checked, skip to section D)**
  - I, (The Student and/or spouse if married), am unable or choose not to use the IRS Data Retrieval Tool in FAFSA on the Web and I will submit a **2024 IRS Tax Return Transcript** – not a photocopy of the income tax return. To obtain an IRS Tax return Transcripts go to [www.irs.gov/transcript](http://www.irs.gov/transcript) and click on the “Get Transcripts ONLINE or Get Transcript BY MAIL” link, or call 1-800-908-9946. Make sure you order the “**IRS Tax Return Transcript**” only (unless otherwise advised by the financial aid office). (IF CHECKED Skip to section D-PAGE 2.)
  - I, The Student, and my spouse filed separately and will submit both of our 2023 IRS tax return transcript. [not photocopies of the income tax return] (If checked, skip to section D)
  - Other (explain): \_\_\_\_\_
2.  I, The Student (and spouse if married) was not employed, had no income to report and did not file a 2023 IRS Tax return. (If checked, skip to section D)
3.  I, The Student (and/or spouse if married) was not required to file a 2024 IRS tax Return, but was employed in 2024 and have listed below the names of all employers, the amount earned from each employer in 2024, and whether a W-2 form is attached. (Attach copies of all 2024 W-2 forms issued to you, and if married, to your spouse, by employers. (If checked, complete the chart below then continue to section D)
4.  Other (explain): \_\_\_\_\_

Employer’s Name	2024 TOTAL Amount	W-2 Attached?

**D. Student’s Other Information to Be Verified – Check and Complete if applicable & reported Child Support paid on the FAFSA**

Either I, or if married my spouse who is listed in Section B of this worksheet, paid child support in 2024

Name of person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support paid in 2024

**E. Certification and Signature**

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse’s signature is optional.

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

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse’s Signature

\_\_\_\_\_  
Date