# PO Box 496006, Redding, CA 96049-6006

Phone: (530) 242-7650

## 23-24 PACKET 1-CDAA INSTRUCTIONS

Your 2023-2024 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 <u>ONE</u> 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 vear.
- 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.

## 23-24 PACKET 1 - CDAA



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 #:	
Fall 2023 Only  Verified Educational Goal:	sta College evaluate my eligibil	☐Spring 2024 Only	
Major code:			(Example: AS.1500 or CT.3256)
Reference the current acade     https://www.shastacollege	demic catalog at:		

• If you need to meet with a counselor to determine your educational goal, please call 530-242-7724.

## **Family and Household Information**

\* 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, 2023 through June 30, 2024 (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, 2024

## ☐ 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, 2023 through June 30, 2024.
   Include children who would be required to provide your information on a 2023-2024 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, 2024

Full Name	Age	Relationship Self	Name of College, If Attending	Will be Enrolled at Least Half Time between July 1, 2023 – June 30, 2024
Student Merital Status			Parent Marital Stat	
Student Marital Status  Single Married, Date of Marriage: Separated, Date of Separation: Divorced, Date Divorce was Final: Widowed, Date:		Single  Married, Date of Marriage:  Separated, Date of Separation:  Divorced, Date Divorce was Final:  Widowed, Date:		
2021 Child Support Paid  Did a) you and/or spouse OR b) one or No			child support during the 2020 of Support Section below:	calendar year?
Name of Person Who Paid Child Support  Marty Jones(example)		of Person to Whom Support was Paid Chris Smith	Name of Child for Whom Support Was Paid Terry Jones	Total Amount of Child Support Paid in 2020 \$6,000.00

		•	ne sex marriage) 2021 Income & Re Pived between January 2021 – Dece	
Unemployme	nt Compensation	\$	Medicaid/SSI 2021 Medicaid/SSI 2022	□Yes □No □Yes □No
Worker's (	Compensation	\$	CalWORKS/TANF 2021 CalWORKS/TANF 2022	□Yes □No □Yes □No
Untaxe	ed Pension	\$	SNAP (Food Stamps) 2021 SNAP (Food Stamps) 2022	□Yes □No □Yes □No
Untaxed IR	A Distributions	\$	Foster Care Assistance	□Yes □ No
Child Sup	port Received	\$	WIC 2021 WIC 2022	□Yes □No □Yes □No
_	ner living allowances Clergy	\$	Free/Reduced Lunch for Children 202 Free/Reduced Lunch for Children 202	
CA Stat	e Disability	\$		
Student/Snouse	– Tax and Incom	ne Information	_	
			o income from working in 2021. 21.	
		EMPLOYER'S NAME		2021 AMOUNT EARNED
□Student □Spo	use			
□Student □Spo				
□Student □Spo □Student □Spo				
. If you do not re	eceive Federal or S	State benefits and earne	ed less than \$6,300 in 2021, please	explain how your living
expenses were		rom July 1 <sup>st</sup> 2022 throug	h June 30 <sup>th</sup> 2024? Please explain y	our projected amount and

# **Parent – Tax and Income Information**

Parent(s) listed on the CDAA (including stepparent, unmarried biological parents living together, or parents in same sex marriage)

2021 Income & Resources: Tell us how much you earned or received between January 2021 – December 2021

PARENT NAMES					
PARENT NAMES					
PARENT NAMES			EARNE	D	
= 2.50 2ployer(5) and modific car				21 AMOUNT	
☐ Employed and earned income, but did no ☐ List Employer(s) and Income ear		1.			
Income, resources and living expense sta					
$\Box$ I, or my spouse (if applicable) was not employ					
Attached is my, and spouse (if applicable		k Return Transcript If to file a 2021 U.S. Income Tax Return. Attached is on	ne of the f	ollow	
heck only one box below:	, , , , , , , , , , , , , , , , , , ,				
CA State Disability	\$	Tree/neddeed Editerror emidren 2022	□ res		
Housing and other living allowances □Clergy	\$	Free/Reduced Lunch for Children 2021 Free/Reduced Lunch for Children 2022	□Yes	□N	
	<u> </u>	WIC 2022	□Yes	□N	
Child Support Received	\$	WIC 2021	□Yes	$\square$ N	
Untaxed IRA Distributions	\$	Foster Care Assistance	□Yes		
Untaxed Pension	\$	SNAP (Food Stamps) 2021 SNAP (Food Stamps) 2022			
	\$	CalWORKS/TANF 2022			
Worker's Compensation		CalWORKS/TANF 2021	□Yes		
Worker's Compensation	\$	Medicaid/SSI 2021 Medicaid/SSI 2022		_     	

## **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* 02/06/23

### 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 Trinity Campus 30 Arbuckle Court Weaverville, CA 96093
 Contact Number: 530.623,2231

 SUBMIT THIS FORM BY EMAIL financialaid@shastacollege.edu Shasta College Tehama Campus
 770 Diamond Avenue
 Red Bluff, CA 96080
 Contact Number: 530,529,8980

 Shasta College Intermountain Campus 37581 Mountain View Road Burney, CA 96013
 Contact Number: 530.335.2311

SUBMIT THIS FORM BY MAIL
Shasta College: ATTN: Financial Aid Office
PO Box 496006 Redding, CA 96049-6006