



Return to:
 5500 University Parkway UH 150
 San Bernardino, CA 92407
 Tel: (909) 537-5227
 Fax: (909) 537-7024

Name: _____ CoyoteID: _____

Phone: _____

2016-2017 Dependent Household Verification

List below the people in your household and include:

- The student
- The parents (including a stepparent) even if the student doesn't live with the parents.
- Siblings who your parents will provide more than half of their support from July 1, 2016 through June 30, 2017 even if they do not live with your parent(s).
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to through June 30, 2017.

Full Name	Age	Relationship to Student	College attending in 2016-2017*
_____	_____	Student	CSUSB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Include the name of the college (if applicable) for any household member listed, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017.

CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all information reported is true and complete. The student and one parent must sign and date.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____