

2016-2017 Dream Verification Worksheet

Complete this verification form and submit it as soon as possible. The Office of Financial Aid and Scholarships cannot award your financial aid without this information. **Please complete ALL sections of this form.**

Name: _____

Coyote ID: _____

Email: _____

Phone: _____

Dependent Student*

List the people in your parent(s)' household including:

- yourself and your parent(s) (including a stepparent) even if you don't live with your parents and
- your parent's other children, even if they do not live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2016, through June 30, 2017
- or (b) the children would be required to provide parental information if they were applying for Student Aid, and
- other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017

*A student is considered dependent if he/she was required to provide parental information on the Dream Act application.

Independent Student**

List the people in your household including:

- yourself and your spouse if you have one, and
- your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017
- even if they do not live with you, or if the child would be required to provide your information as the parent if they were applying for Student Aid, and 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 from July 1, 2016, through June 30, 2017

**A student is considered independent if he/she was not required to provide parental information on the DREAM Act application.

Section A: Family Household Information

Full Name	Age	Relationship to Student	College
		Self (student)	CSUSB

Note: Include the name of the college for any household member, excluding your parent(s), 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, 2016 and June 30, 2017. If more space is needed, attach a separate page with your name and Student ID Number at the top.

Section B: Tax & Income Information

Parent(s) Tax & Income Information (Check ONE box only):

- Attached are my 2015 Federal Tax Return Transcripts obtained from the IRS and 2015 W2s
- Copy of Form 4868 or electronic acknowledgement AND copies of all 2015 W-2 forms
- I will not and am not required to file a 2015 U.S. Income Tax Return and have attached all 2015 W-2 forms
- I was not employed and did not have any earned income from work in 2015

Student (and Spouse) Tax & Income Information (Check ONE box only)

- Attached are my 2015 Federal Tax Return Transcripts obtained from the IRS and 2015 W2s
- Copy of Form 4868 or electronic acknowledgement AND copies of all 2015 W-2 forms
- I will not and am not required to file a 2015 U.S. Income Tax Return and have attached all 2015 W-2 forms
- I was not employed and did not have any earned income from work in 2015

Section C: Supplemental Nutrition Assistance Program (SNAP)

Did you, your parent, or anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, at any time during the 2014 or 2015 calendar year?

Please circle one: Yes or No

Section D: 2015 Child Support Paid

Did you, or one or both of your parents listed on this form pay child support during the 2015 calendar year?

Please circle one: Yes or No

- If Yes, please complete the section below:

Name of Person Who Paid Child Support	Name of Person to whom Child Support was paid	Name of Child for whom support was paid	Age of Child	Amount paid in 2016

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

Section E: CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all information reported is complete and correct. If dependent, the student and one parent must sign and date.

Student Signature: _____

Date: _____

Parent's Signature: _____

Date: _____