



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

Name: _____ CoyoteID: _____

Phone: _____

2016-2017 Independent Household Verification

List below the people in your household and include:

- The student
- The student's spouse, if the student is married
- The student's or spouse's children, if the student or spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides 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 between July 1, 2016, and June 30, 2017.

CERTIFICATION AND SIGNATURES

My signature certifies that all information reported is true and complete.

Student Signature: _____ **Date:** _____