2014-2015 Dream Dependent Verification Worksheet

Your 2014-2015 Dream Act Application was selected for verification. We will compare your application with the information on this worksheet and correct any differences.

Name: ___________________________ CoyoteID: _____________

Phone: __________________________

INCOME INFORMATION

Parent Section: (please check only one item below in the section that pertains to you):

Tax Filer (if you filed taxes you must submit one of the items listed)

☐ Attached are my 2013 Federal Tax Return Transcript obtained from IRS

Non Tax Filer

☐ Attached are my 2013 W-2’s (for both parents if applicable)

☐ Not employed and had no income earned from work in 2013

☐ Other sources of income:

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
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</thead>
<tbody>
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</table>

Student Section: (please check only one item below in the section that pertains to you):

Tax Filer (if you filed taxes you must submit one of the items listed)

☐ Attached are my 2013 Federal Tax Return Transcript obtained from the IRS

Non Tax Filer

☐ Attached are my 2013 W-2’s

☐ Not employed and had no income earned from work in 2013

☐ Other sources of income

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

FVER_1
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
Did you or anyone in your household (listed above) receive food stamps or SNAP in 2012 or 2013? Please circle one: Yes or No

CHILD SUPPORT PAID
If you or your parents paid child support in 2013 please answer the following questions:

<table>
<thead>
<tr>
<th>Paid for (name of child):</th>
<th>Amount Paid:</th>
<th>Paid to:</th>
<th>Paid by:</th>
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FAMILY INFORMATION
List below the people in your household and include:

- Yourself
- Your parent(s) (including stepparent, if applicable) even if you do not live with them.
- Siblings who your parent(s) will provide more than half of their support from July 1, 2014, through June 30, 2015 even if they do not live with your parent(s).
- Anyone else in the household your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2015.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>College attending in 2014-2015*</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Self</td>
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<tr>
<td></td>
<td></td>
<td>Parent</td>
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</table>

*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 a postsecondary educational institution between July 1, 2014, and June 30, 2015.

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

Student Signature: ___________________________ Date: ________________

Parent Signature: ___________________________ Date: ________________