SAN BERNARDINO

Office of Financial
Aid and Scholarships

San Bernardino, CA 92407 University Hall Room 150

Tel: (909) 537-5227 Fax: (909) 537-7024

## 2017-2018 Aggregate Verification Worksheet - V5

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, 2017, through June 30, 2018
- or (b) the children would be required to provide parental information if they were applying for Federal 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, 2017 through June 30, 2018

\*A student is considered dependent if he/she was required to provide parental information on the FAFSA.

## 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, 2017 through June 30, 2018
- 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 Federal 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, 2017, through June 30, 2018

## **Section A: Family 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, 2017 and June 30, 2018. If more space is needed, attach a separate page with your name and Student ID Number at the top.

<sup>\*\*</sup>A student is considered independent if he/she was not required to provide parental information on the FAFSA.

<u>Sec</u>	ction B: Parent(s) 2015 Tax & Income Information (Check ONE box only):
Tax	c Filers
	I have attached a copy of my 2015 Federal 1040 form or Tax Transcript and all of my 2015 W-2 forms.
No	n Filers or Extension Filers
	I have attached a copy of my tax extension form 4868 or electronic acknowledgement AND copies of all 2015 W-2 forms or a written statement of my earnings and taxes paid (if self-employed only).
	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.
Sec	ction C: Student (and Spouse) Tax & Income Information (Check ONE box only)
Tax	( Filers
	I have attached a copy of my 2015 Federal 1040 form or Tax Transcript and all of my 2015 W-2 forms.
No	n Filers or Extension Filers
	I have attached a copy of my tax extension form 4868 or electronic acknowledgement AND copies of all 2015 W-2 forms or a written statement of my earnings and taxes paid (if self-employed only).
	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.
Sec	ction D: Student High School Completion Status
Ch	eck ONE box only:
	I am attaching a copy of my High School Diploma I am attaching a copy of my final High School transcript which includes the date I completed High School I am attaching a copy of my GED Certificate or Transcript I am attaching a copy of my military DD214 that confirms that I am a high school graduate. I was home schooled and I am attaching a signed copy of my transcript or equivalent I have none of the above

<u>Se</u>	ction E: Identity Verification				
	I am appearing in person with my valid government issued photo identification (driver's license, state ID or passport).				
<u>Se</u>	ction F: Statement of Educational Purpose				
	am appearing in person to sign the statement below (must be signed in front of Financial Aid Office Staff).				
	certify that I,, am the individual signing the Statement of Educational Purpose and that the federal student aid financial assistance I may receive will only be used from educational purposes while attending: California State University, San Bernardino for 2017-2018.				
	(Student's Signature) (Date)				
	(Student's ID Number)				
	I am unable to appear in person. I am attaching a notarized copy of the Identity and Statement of Educational Purpose form.				
Ea	ction G: Certification and Signatures ch person signing this worksheet certifies that all information reported is complete and correct. If pendent, the student and one parent must sign and date.				
Stu	udent Signature: Date:				
Pa	rent's Signature: Date:				
	V5 Aggregate Verification				
Г	Internal Office Use Only:				
	□ Valid government photo ID attached with date and name of reviewing Official.				
	Staff Member Name Date				