

Return to:

5500 University Parkway San Bernardino, CA 92407 University Hall Room 150

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

2017-2018 Dream Verification Worksheet - V1

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

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

Section B: Parent(s) 2015 Tax & Income Information (Check ONE box only):			
Та	x Filers		
	I have attached a copy of my 2015 Federal 1040 form or Tax Transcript and all of my 2015 W-2 forms.		
No	on 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.		
<u>Se</u>	ction C: Student (and Spouse) Tax & Income Information (Check ONE box only)		
Ta	x Filers		
	I have attached a copy of my 2015 Federal 1040 form or Tax Transcript and all of my 2015 W-2 forms.		
No	on Filers or Extension Filers		
□ I have attached a copy of my tax extension form 4868 or electronic acknowledgement AND copies 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 any/all 2015 W-2 forms.		
	I was not employed and did not have any earned income from work in 2015.		
Ea	ction D: 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:		