

Return to:

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

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

2019-2020 Dream Verification Worksheet - V1

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

Name:	Coyote ID:
Email:	Phone:

Dependent Student*

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

- Yourself.
- Your parent(s) (including a stepparent) even if you don't live with your parents.
- Your parent's other children if (a) your parents will provide more than half of their support from July 1, 2019, through June 30, 2020 (even if they do not live with your parent(s) or (b) the children would be required to provide parental information if they were applying for Federal Student Aid.
- 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, 2019 through June 30, 2020.

*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.
- Your spouse, if married.
- Your children, if (a) you will provide more than half of their support from July 1, 2019 through June 30, 2020 (even if they do not live with you), or (b) if the child would be required to provide your information, as the parent, if they were applying for Federal Student Aid).
- 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, 2019, through June 30, 2020.

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, 2019 and June 30, 2020. 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 FAFSA.

	Filers
	I have attached a copy of my 2017 Federal Tax Transcript or 1040 Federal Tax Return.
	(https://www.irs.gov/individuals/get-transcript)
No	n-Filers
	I will not and am not required to file a 2017 U.S. Income Tax Return or 1040 Federal Tax Return and have attached all 2017 W-2 form(s) along with IRS form 4506-T (verification of non-filing) to confirm my non-filing status.
	I was not employed and did not earn income in 2017 and have attached IRS form 4506-T (verification of non-filing) to confirm my non-filing status.
Sec	ction C: Student (and Spouse) 2017 Tax & Income Information (Check ONE box only)
Tax	x Filers
	I have attached a copy of my 2017 Federal Tax Transcript or 1040 Federal Tax Return.
	(https://www.irs.gov/individuals/get-transcript)
No	n-Filers
	I will not and am not required to file a 2017 U.S. Income Tax Return. (Independent students are also required to submit the IRS form 4506-T (verification of non-filing) to confirm non-filing status).
	I was not employed and did not earn income in 2017. (If you are an independent student you are required to submit the IRS form 4506-T (verification of non-filing) to confirm non-filing status).
Sed	ction D: Certification and Signatures
Ead	ch person signing this worksheet certifies that all information reported is complete and correct. If bendent, the student and one parent must sign and date.
Stu	dent Signature: Date:
Par	rent's Signature: Date:

V1 DREAM Verification