CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

Office of Financial
Aid and Scholarships

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

2019-2020 Standard 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 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.

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

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.

Section B: Parent(s) 2017 Tax & Income Information (Check ONE box only):

Tax Filers

☐ The IRS Data Retrieval Tool was used to transfer my income information to the FAFSA.

   • Date completed: _____

☐ I have attached a copy of my 2017 Federal Tax Transcript or 1040 Federal Tax Return.

   (https://www.irs.gov/individuals/get-transcript)

Non-Filers

☐ I will not and am not required to file a 2017 U.S. Income 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.

Section C: Student (and Spouse) 2017 Tax & Income Information (Check ONE box only)

Tax Filers

☐ The IRS Data Retrieval Tool was used to transfer my income information to the FAFSA.

   • Date completed: _____

☐ I have attached a copy of my 2017 Federal Tax Transcript or 1040 Federal Tax Return.

   (https://www.irs.gov/individuals/get-transcript)

Non-Filers

☐ I will not and am not required to file a 2017 U.S. Income Tax Return and have attached all 2017 W-2 form(s). (**Independent** students are 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).

Section D: Certification and Signatures
Each person signing this worksheet certifies that all information reported is complete and correct. If dependent, the student and one parent must sign and date.

Student Signature: _____   Date: _____

Parent's Signature: _____   Date: _____

V1 Standard Verification