

**2008-2009**

**PARENT'S VERIFICATION WORKSHEET**

**STUDENT FINANCIAL AID PROGRAMS**

**DEPENDENT STUDENT**

**Student's Name and Mailing Address**

Last \_\_\_\_\_ First \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Student's Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_@sfsu.edu  
 SFSU Student ID Number: \_\_\_\_\_

**Return to:**

Office of Student Financial Aid  
 San Francisco State University  
 1600 Holloway Avenue  
**Student Services Building**  
 San Francisco, CA 94132-4011

Telephone: (415) 338-7000  
 Fax: (415) 338-0949

**COMPLETE LEGIBLY IN INK**

**Section A: Family Information**

List the people in your parent's household, include:

- yourself and your parent(s) (including stepparent) even if you don't live with your parents, and
- your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2008 through June 30, 2009, or (b) the children would be required to provide parental information when 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, 2008 through June 30, 2009.

Write the names, ages, and relationship to student of all household members. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half time between July 1, 2008 and June 30, 2009, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	NAME OF COLLEGE (at least half-time between July 1, 2008 and June 30, 2009)	Total number of people in household:
<b>THE STUDENT APPLICANT</b>		<b>STUDENT</b>	San Francisco State University	_____
				Total number of people (excluding parents) in college:  _____

**SECTION B: Child Support Received**

Did the parent(s) receive child support in 2007?  Yes  No If Yes, indicate amount \$ \_\_\_\_\_

NOTE: The amount indicated should include payments received in 2007 as a result of a court order as well as payments voluntarily provided. The Office of Financial Aid may ask you for supporting documentation (copy of the court order, a letter of explanation or any other documents) to substantiate the amount reported.

**SECTION C: Signature** By signing this form, I certify that all the information reported to qualify for student financial aid is complete and correct. **Warning:** If you purposely give false or misleading information on this form, you may get a fine, a prison sentence, or both.

Father's or Mother's Signature \_\_\_\_\_

Date \_\_\_\_\_

Reviewer's Initial: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2008-2009

2007 PARENT'S INCOME CERTIFICATION

Student's Name and Mailing Address

Last \_\_\_\_\_ First \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Student's Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_@sfsu.edu  
 SFSU Student ID Number: \_\_\_\_\_

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COMPLETE LEGIBLY IN INK

1. Check only one of the boxes below. Tax returns include the 2007 IRS Form 1040, 1040A, 1040EZ, TeleFile Tax Record, a tax return from Puerto Rico or a foreign income tax return. If your parent(s) did not keep a copy of their tax return, request a copy from the tax preparer or a copy of an Internal Revenue Service form that lists tax account information.

- Check and attach signed tax return. Include all schedules, forms, and attachments. (If married couple filing separate returns, please submit a copy of each tax return.) Print the student's name and SFSU student ID number on top of attached tax return(s).
- Check here if your parents will not file and are NOT REQUIRED to file a 2007 U.S. Income Tax Return.

2. Please check applicable boxes below and list all of the sources and amounts of money received from January 2007 through December 2007. Include untaxed income and earnings **not** reported on a federal income tax return. If parents are married, please include both spouses' information below

	List Source of Income	Annual Amount
<input type="checkbox"/> <i>Father's (stepfather's) Wages</i>	_____	\$ _____
<input type="checkbox"/> <i>Mother's (stepmother's) Wages</i>	_____	\$ _____
<input type="checkbox"/> <i>TANF/CAL Works</i>	_____	\$ _____
<input type="checkbox"/> <i>Social Security Benefits</i>	_____	\$ _____
<input type="checkbox"/> <i>Child Support</i>	_____	\$ _____
<input type="checkbox"/> <i>Financial Aid-Name of College →</i>	_____	\$ _____
<input type="checkbox"/> <i>Other Income-Specify →</i>	_____	\$ _____

TOTAL INCOME \$ \_\_\_\_\_

If total less than \$4,000 per family member, must complete #3.

3. If the total 2007 income was **less than \$4,000 per family member**, please explain how expenses were met. Explain Special Circumstances concerning your financial situation. (You may attach a separate sheet if additional space is needed.)

\_\_\_\_\_

\_\_\_\_\_

**Signature of parent is required.** By signing this form, I certify that all the information reported to qualify for student financial aid is complete and correct. **Warning:** If you purposely give false or misleading information on this form, you may get a fine, a prison sentence, or both.

Signature of Father or Mother \_\_\_\_\_

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Reviewer's Initials \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**2008-2009**

**2007 STUDENT'S INCOME CERTIFICATION**

**Student's Name and Mailing Address**

Last \_\_\_\_\_ First \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Student Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ sfsu.edu  
 SFSU Student ID Number: \_\_\_\_\_

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**COMPLETE LEGIBLY IN INK**

1. Check only one of the boxes below. Tax returns include the 2007 IRS Form 1040, 1040A, 1040EZ, TeleFile Tax Record, a tax return from Puerto Rico or a foreign income tax return. If you did not keep a copy of your tax return, request a copy from your tax preparer or a copy of an Internal Revenue Service form that lists tax account information.

- Check and attach signed tax return. Include all schedules, forms, and attachments. (If married couple filing separate returns, please submit a copy of each tax return.) Print the student's name and SFSU student ID number on top of each tax return submitted.
- Check if you (and your spouse) will not file and are NOT REQUIRED to file a 2007 U.S. Income Tax Return.

2. Please check applicable boxes below **and list all of the sources and amounts of money received from January 2007 to December 2007**. Include untaxed income and earnings not reported on a federal income tax return. If you are married, please include your spouse's information below.

	<b>List Source of Income</b>	<b>Annual Amount</b>
<input type="checkbox"/> <i>Student's Wage's</i>	_____	\$ _____
<input type="checkbox"/> <i>Spouse's Wages</i>	_____	\$ _____
<input type="checkbox"/> <i>Social Security Benefits</i>	_____	\$ _____
<input type="checkbox"/> <i>TANF/CAL Works</i>	_____	\$ _____
<input type="checkbox"/> <i>Child Support</i>	_____	\$ _____
<input type="checkbox"/> <i>Financial Aid- Name of college →</i>	_____	\$ _____
<input type="checkbox"/> <i>Other Income- Specify →</i>	_____	\$ _____

**TOTAL INCOME**      \$ \_\_\_\_\_

If total less than \$5,500, must complete #3 or #4

3.  Check here if you were **supported by your parent(s)** for the 2007 school year, and are including their 2007 income information.

4.  Check here if your total income was **less than \$5,500**. Please explain how your expenses were met.

**Signature is required.** By signing this form, I certify that all the information reported to qualify for student financial aid is complete and correct.

**Warning:** If you purposely give false or misleading information on this form, you may get a fine, a prison sentence, or both.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Spouse (please print)

\_\_\_\_\_  
Reviewer's Initials \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_