

2008-2009

STUDENT'S VERIFICATION WORKSHEET

Student's Name and Mailing Address

INDEPENDENT STUDENT

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: To Be Completed by Student (and Spouse)

Fill in the information about the people that you (and your spouse) will support between July 1, 2008 and June 30, 2009.

List the people in your household, include:

- Yourself, and your spouse (if you have one), and
• your children, if you will provide more than half of their support from July 1, 2008 through June 30, 2009, 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, 2008 through June 30, 2009.

Write the names, ages and relationship to you of all household members. Also write in the name of the college for any household member 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 sheet.

Table with 5 columns: FULL NAME, AGE, RELATIONSHIP TO STUDENT, NAME OF SCHOOL (if half-time between July 1, 2008 - June 30, 2009), Total number of people in student's household. Row 1: YOU - THE STUDENT APPLICANT, STUDENT, San Francisco State University.

[] CHECK HERE IF YOU ARE SINGLE AND HAVE NO DEPENDENTS.

SECTION B: Child Support Received

Did you (or your spouse) 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.

Student's Signature

Date

Spouse's Signature

Date

Reviewer's Initial _____ 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: _____

Return to:

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 1600 Holloway Avenue
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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.

	List Source of Income	Annual Amount
<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 ____/____/____