

2009-2010

2008 STUDENT'S INCOME CERTIFICATION

Student's Name and Mailing Address

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

1. Check only one of the boxes below. Tax returns include the 2008 IRS Form 1040, 1040A, 1040EZ, 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 2008 U.S. Income Tax Return.

2. Please check applicable boxes below and list all of the sources and amounts of money received from January 2008 to December 2008. Include untaxed income and earnings not reported on a federal income tax return. If you are married, please include your spouse's information below.

Table with 2 columns: List Source of Income, Annual Amount. Rows include Student's Wage's, Spouse's Wages, Child Support, Financial Aid- Name of college ->, Untaxed Income, Federal Benefits.

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 2008 school year, and are including their 2008 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 \_\_\_\_/\_\_\_\_/\_\_\_\_