

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:

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 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 ____/____/____