Office of Student Financial Aid
San Francisco State University
Petition to Use 2009 Income to Determine Financial Aid Eligibility

Parent Worksheet for 2009-2010

Student Name: _____ SF State ID: _____
Email address:_____ Telephone number: _____

Name of Financial Aid Counselor _____

Instructions to Parents: Calculate your income according to the monthly time periods requested and provide a dollar figure for every time period. If you do not have an income source for a period, put a zero ($0). **Do not leave any period blank**. If you are married, you must also provide information for both you and your spouse. For actual income received; this information is available on your pay stubs, unemployment benefits check stubs, from your employer or other documentation. To calculate your estimated income from work or other sources, consider factors such as your hourly pay rate and number of hours you expect to work or estimates of weekly or monthly compensation that you expect to receive.

Parent's marital status: _____Single _____ Married ___Divorced ___Separated
*If current marital status is married stepparent's income must be included.
*If current marital status is Divorced or Separated include only your income.

1. Provide fathers and/or stepfather's expected gross income and benefits from employment, before taxes:

ACTUAL Income from January 1, 2009 to the date request is submitted: **$**_____	**Estimated** Income from date of request through December 31, 2009: **$**_____	**Total 2009 Income:** **$**_____ (01/01/09 to 12/31/09

2. Provide your mother's or stepmother's expected gross income and benefits from employment, before taxes:

ACTUAL Income from January 1, 2009 to the date request is submitted: **$**_____	**Estimated** Income from date of request through December 31, 2009: **$**_____	**Total 2009 Income:** **$**_____ (01/01/09 to 12/31/09)

3. Untaxed or other taxed income not reported above. Please provide the amounts of untaxed or taxed income received or you expect to receive. Indicate the source(s) of this other income by marking the appropriate box, or select "No other sources of income".

ACTUAL Income from January 1, 2009 to the date request is submitted: **$**_____	**Estimated** Income from date of request through December 31, 2009: **$**_____	**Total 2009 Income:** **$**_____ (01/01/09 to 12/31/09)

❑ Interest/Dividend Income	❑ Unemployment Benefits	❑ Untaxed Pension Amounts	❑ Worker' Compensation
❑ Child Support	❑ Severance Pay	❑ Foreign Income Exclusion	❑ Other Income (name source)_____
❑ SSI	❑ Vacation Pay	❑ Veteran Education Benefits	_____
❑ AFDC	❑ Earned Income Credit	❑ Veteran Non-Education Benefits	_____
❑ General Assistance	❑ IRA/Keogh Distributions		
❑ Social Security Benefits	❑ IRA/Keogh Contributions	❑ Spousal/Relative Support	❑ No Other Sources of Income

Parent's Statement: I understand that I must promptly report to the SF State Office of Student Financial Aid **ANY CHANGES** in my or my spouse's reported income. I am aware that changes in my or my spouse's income may increase, reduce or cancel my son or daughter's financial aid eligibility. **I understand that if I under-report my 2009 income by $1,000 or more my student will be denied future petitions using estimated income to determine financial aid eligibility.** I understand that failure to report any and all changes may result in a reduction or cancellation of my son or daughter's aid for this year, denial of future financial aid and/or may require repayment of aid received. If my son or daughter applies for financial aid for 2010-2011 I will be required to submit my 2009 Federal income tax return to the SF State Office of Student Financial Aid.

_____ _____

Father or Step-Father's Signature Date Mother or Step-Mother's Signature

PVER . Ok to Scan

2009-2010

PARENT'S VERIFICATION WORKSHEET

Student's Name and Mailing Address

DEPENDENT STUDENT

Last_____ First_____

Street_____

City_____ State_____ Zip_____

Student's 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

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, 2009 through June 30, 2010, 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, 2009 through June 30, 2010.

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, 2009 and June 30, 2010, 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, 2009 and June 30, 2010)	Total number of people in household:
THE STUDENT APPLICANT		STUDENT	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 **2008**? **[ ] Yes** **[ ] No** If **Yes**, indicate amount $_____per year

NOTE: The amount indicated should include payments received in 2008 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:____/_____/_____