

Return to:

5500 University Parkway San Bernardino, CA 92407 University Hall Room 150

Tel: (909) 537-5227 Fax: (909) 537-7024

## 2021-2022 Aggregate Verification Worksheet - V5

Complete this verification form and submit it as soon as possible. The Office of Financial Aid and Scholarships cannot determine your award without this information. **Please complete ALL sections.** 

Name:	Coyote ID:
Email:	Phone:

#### **Dependent Student\***

List the people in your parent(s)' household including:

- Yourself.
- Your parent(s) (including a stepparent) even if you don't live with your parents.
- Your parent's other children if (a) your parents will provide more than half of their support from July 1, 2021, through June 30, 2022 (even if they do not live with your parent(s) or (b) the children would be required to provide parental information if they were applying for Federal Student Aid.
- 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, 2021 through June 30, 2022.

\*A student is dependent if he/she was required to provide parental information on the FAFSA.

### Independent Student\*\*

List the people in your household including:

- Yourself.
- Your spouse, if married.
- Your children, if (a) you will provide more than half of their support from July 1, 2021 through June 30, 2022 (even if they do not live with you) or (b) if the child would be required to provide your information, as their parent, if they were applying for Federal Student Aid.
- 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, 2021, through June 30, 2022.

\*\*A student is independent if he/she was not required to provide parental information on the FAFSA.

## **Section A: Family Information**

Full Name	Age	Relationship to Student	College
		Self (student)	CSUSB

Note: Include the name of the college for any household member, excluding your parent(s), who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2021, and June 30, 2022. If more space is needed, attach a separate page with your name and Student ID Number at the top.

# Parent 2019 Tax & Income Information (Check ONE box only): Tax Filers ☐ The IRS Data Retrieval Tool was used to transfer my income information to the FAFSA. ☐ I have attached a copy of my 2019 Federal Tax Transcript or 2019 Federal Tax Return and any applicable Schedules (1, 2 and/or 3). Copies must be signed and/or have the PTIN number to be accepted. (https://www.irs.gov/individuals/get-transcript) **Non-Filers** ☐ I will not and am not required to file a 2019 U.S. Income Tax Return and have attached all 2019 W-2 form(s) along with the verification of non-filing form to confirm my non-filing status. ☐ I was not employed and did not earn income in 2019 and have attached the verification of non-filing form to confirm my non-filing status. Student 2019 Tax & Income Information (Check ONE box only): **Tax Filers** ☐ The IRS Data Retrieval Tool was used to transfer my income information to the FAFSA. ☐ I have attached a copy of my 2019 Federal Tax Transcript or 2019 Federal Tax Return and any applicable Schedules (1, 2 and/or 3). Copies must be signed and/or have the PTIN number to be accepted. (https://www.irs.gov/individuals/get-transcript) **Non-Filers** ☐ I will not and am not required to file a 2019 U.S. Income Tax Return and have attached all 2019 W-2 form(s). ☐ I was not employed and did not earn income in 2019. Section C: Independent Student (and Spouse) 2019 Tax & Income Information (Check ONE box only) Tax Filers ☐ The IRS Data Retrieval Tool was used to transfer my income information to the FAFSA. ☐ I have attached a copy of my 2019 Federal Tax Transcript and any applicable Schedules (1, 2 and/or 3). Copies must be signed and/or have the PTIN number to be accepted. (https://www.irs.gov/individuals/get-transcript) **Non-Filers** ☐ I will not and am not required to file a 2019 U.S. Income Tax Return and <a href="https://have attached all 2019 W-2 form(s) along">have attached all 2019 W-2 form(s) along</a> with the verification of non-filing form to confirm my non-filing status. ☐ I was not employed and did not earn income in 2019 and have attached the verification of non-filing form to confirm my non-filing status. **Section D: Student High School Completion Status** Check ONE box only: ☐ I am attaching a copy of my High School Diploma. I am attaching a copy of my final High School transcript, which includes the date I completed High School.

☐ I am attaching a copy of my GED Certificate or Transcript.

Section B: Dependent Student

		DD214 that confirms that I am a high school gr ching a signed copy of my transcript or equivale			
Sec	tion E: Identity Verification				
	I am appearing in person with my valid government issued photo identification (driver's license, state ID or passport).				
		ching a notarized copy of my valid government issued photo identification (driver's license, state ID or along with the Identity and Statement of Educational Purpose form. ( <i>Please see Notary's Certificate of adgement on next page</i> )			
Sec	tion F: Statement of Educational P	<u>urpose</u>			
	I am appearing in person to sign the Scholarship Staff).	statement below (must be signed in front of th	e Office of Financial Aid and		
	Purpose and that the federal studen	, am the individual signing the taid financial assistance I may receive will only State University, San Bernardino for 2021-202	/ be used from educational		
	(Student's Signature)	(Date)			
ļ	NOTARY CERTIFICATION (Complete	Certificate of Acknowledgement on next page)  te only if UNABLE to submit this release in  County ofOn	person):		
ı	Name, Title of Offi	Personally appeared icer	Name of Signer		
[	] Personally known to me - OR - [] p	roved to me on the basis of satisfactory eviden name is subscribed to the within instrument she/he executed the same in her/his authori: his signature on the instrument the person e. WITNESS my hand and official seal.	and acknowledged to methat zed capacity, and that by her/		
		Signature of Notary or Office of Financial Aid & Schola	rships Member Staff Initial		
	th person signing this worksheet certif dent and one parent must sign and da	ies that all information reported is complete and te.	d correct. If dependent, the		
Stu	dent Signature:	Date:			
Par	ent's Signature:	Date:			

Internal Use Only:				
☐ Unexpired government issued photo ID has been verified for the student, and a copy of the photo ID has been attached. <i>Please</i> notate the type of Identification collected, the staff members' name, and the date the ID was collected on the copy.				
Staff Member Name	Date			

V5 Aggregate Verification