



2022-2023 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, 2022, through June 30, 2023 (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, 2022 through June 30, 2023.

***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, 2022 through June 30, 2023 (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, 2022, through June 30, 2023.

****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, 2022 and June 30, 2023. If more space is needed, attach a separate page with your name and Student ID Number at the top.

Section B: Dependent Student

Parent 2020 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 2020 Federal Tax Transcript or 1040 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 2020 U.S. Income Tax Return and have attached all 2020 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 2020 and have attached the verification of non-filing form to confirm my non-filing status.

Student 2020 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 2020 Federal Tax Transcript or 1040 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 2020 U.S. Income Tax Return and have attached all 2020 W-2 form(s).
- I was not employed and did not earn income in 2020.

Section C: Independent Student (and Spouse) 2020 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 2020 Federal Tax Transcript or 1040 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 2020 U.S. Income Tax Return and have attached all 2020 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 2020 and have attached the verification of non-filing form to confirm my non-filing status.

Section D: Identity Verification

- I am appearing in person with my valid government issued photo identification (driver's license, state ID or passport).
- I am attaching a notarized copy of my valid government issued photo identification (driver's license, state ID or passport) along with the Identity and Statement of Educational Purpose form. (*Please see Notary's Certificate of Acknowledgement on next page*)

Section E: Statement of Educational Purpose

- I am appearing in person to sign the statement below (must be signed in front of the Office of Financial Aid and Scholarship Staff).

I certify that I, _____, am the individual signing the Statement of Educational Purpose and that the federal student aid financial assistance I may receive will only be used from educational purposes while attending: California State University, San Bernardino for 2022-2023.

(Student's Signature)

(Date)

- I am unable to appear in person. I am attaching a notarized copy of the Identity and Statement of Educational Purpose form. (*Please see Notary's Certificate of Acknowledgement on next page*)

NOTARY CERTIFICATION (Complete only if UNABLE to submit this release in person):

State of _____ County of _____ On _____
Date

before me, _____ Personally appeared _____
Name, Title of Officer Name of Signer

[] Personally known to me - OR - [] proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she/he executed the same in her/his authorized capacity, and that by her/his signature on the instrument the person executed the instrument.

WITNESS my hand and official seal.

Signature of Notary or Office of Financial Aid & Scholarships Member

Staff Initial

Each person signing this worksheet certifies that all information reported is complete and correct. If dependent, the student and one parent must sign and date.

Student Signature: _____ Date: _____

Parent'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. *Please* notate the type of Identification collected, the staff members' name, and the date the ID was collected on the copy.

Staff Member Name _____ Date _____