CALIFORNIA STATE UNIVERSITY
FULLERTON

Return to: Office of Financial Aid
P.O. Box 6804 GH-146 Fullerton,
CA 92834-6804

Enter Student's CWID Here: _____ F0CDEP

CA Dream Act Application

STUDENT DEPENDENTS VERIFICATION (2023-2024)

PRINT CLEARLY AND USE BLACK INK

INSTRUCTIONS: You listed one or more dependents other than a spouse in your household on your 2023-2024 California Dream Act Application(CDA). In order for us to determine whether or not such individuals may be considered your "dependents" for financial aid purposes, you must provide the following information to verify and explain the relationships of each person to you. You must also have adequate income to provide for your own support and more than half of the support of the dependent(s) listed. *Incomplete documents will not be returned. They will be disposed of in a secure manner, per university policy. This will delay processing.*

State regulations define legal dependents as:
1. your child *if you provide more than half of his/her support* or
2. any other person who lives with you, receives more than half of his or her support from you, and will continue to receive that support through June 21, 2024.

ACTION TO COMPLETE FORM:
For each family member listed, provide the name of the college or university they are attending during Fall 2023 or Spring 2024 if they are enrolled in six (6) or more units per semester and the classes are leading to a degree or certificate.

Do not include any person who will ***not*** continue to receive more than half of his or her support from you during the 2023-2024 school year**. If you DO NOT have any dependents, check this box** ☐ and sign the certification below.

Full name of dependents	Date of Birth	Relationship (i.e., son, niece, etc.)	*Indicate all income from any source this person received in calendar year 2021** *Total Income*	*Source*	Claimed on your 2021 taxes?	List college if enrolled in 6 or more units
Example Taylor Smith	*02/02/2000*	*Daughter*	*$0.00*	*N/A*	☒ Yes ☐ No	*N/A*
Example Mom Smith	*03/10/1946*	*Mom*	*$6,000*	*Pension*	☒ Yes ☐ No	*N/A*
			$		☐ Yes ☐ No	
			$		☐ Yes ☐ No	
			$		☐ Yes ☐ No	
			$		☐ Yes ☐ No	

***** If you report zero income for a dependent other than your child or spouse**, attach an explanation.** For example, if you support your niece and you have not been appointed her legal guardian, explain why her parents do not provide support.

Full name of spouse (if married)	Date of birth	College attending	Enrolled in 6 or more units?
			☐ Yes ☐ No

CERTIFICATION:
By signing this form, I (we) certify that all of the information reported on this form and any attachments hereto is true, complete and accurate. I (we) agree to provide additional proof of the information I (we) have reported, if requested to do so. I (we) also certify that I (we) have read the terms and conditions section of the CSU Fullerton, Financial Aid website (http://www.fullerton.edu/financialaid/info/Terms.php)*
Signatures are required.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Print Student's Name: _____ CWID _____

***Warning:** If you give false or misleading information on documents submitted to the Office of Financial Aid, you may be fined, be sentenced to jail or both.