



**INCOME VERIFICATION
STUDENT SUPPORT SERVICES PROGRAM
California State University Fullerton**

Office Use Only

Total Taxable Income _____

Family Size _____

APPROVED _____

Date: _____

Name (first, middle, last): _____

Address: _____

Phone: _____ Cell Phone: _____

E-Mail: _____ Date of Birth: _____

Social Security Number: _____ Campus Wide ID: _____

Number of dependents (DO NOT count yourself): _____

Did anyone else claim you on this year's taxes? Yes ☐ No ☐

IF **YES**, state individual's name _____ and relationship to you:

*ATTENTION: YOU ARE REQUIRED TO PROVIDE A COPY OF THE
FEDERAL TAX RETURN IN WHICH YOU ARE LISTED AS A RETURN IN WHICH YOU ARE LISTED
AS A DEPENDENT. OBTAIN A COPY FROM THE INDIVIDUAL YOU HAVE LISTED ABOVE.*

IF **NO**, read and sign the following statement:

I HEREBY CERTIFY THAT NO FEDERAL OR STATE INCOME TAX RETURN HAS BEEN
OR WILL BE FILED FOR THE YEAR _____ IN WHICH I CLAIM MYSELF AS A
DEPENDENT.

Signature & Date

Printed Name

List all sources of income and benefits you (and/or your spouse) received during the year specified above.
Do not include financial aid.

Social Security Benefits/SSI	\$ _____ /Month x _____ Months = \$ _____ / Year
Child Support	\$ _____ /Month x _____ Months = \$ _____ / Year
Disability Benefits	\$ _____ /Month x _____ Months = \$ _____ / Year
Veteran's Benefits (any type)	\$ _____ /Month x _____ Months = \$ _____ / Year
Workers' Compensation	\$ _____ /Month x _____ Months = \$ _____ / Year
Other _____	\$ _____ /Month x _____ Months = \$ _____ / Year
Other _____	\$ _____ /Month x _____ Months = \$ _____ / Year

The information provided on this form is correct and complete to the best of my knowledge.

Student's Signature

Date