



Return to: Office of Financial Aid
P.O. Box 6804 UH-146
Fullerton, CA 92834-6804
(714) 278-3125 / Fax (714) 278-1595

BEFORE printing enter student CWID above

VERIFICATION OF APPLICANT'S DEPENDENTS (2006-2007)

PRINT CLEARLY AND USE BLACK INK

By federal regulations, a legal dependent is defined 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 30, 2007. You listed one or more dependents other than a spouse in your household on your 2006/2007 Free Application for Federal Student Aid (FAFSA). 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. In addition, you must have adequate income to provide for your own support and more than half of the support of the dependent(s) listed. For each family member listed, provide the name of the college or university they are attending during Fall 2006 or Spring 2007 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 2006/2007 school year. **If you DO NOT have any dependents, check this box []** and sign the certification below.

Name of Dependent	Date of Birth	Relationship (i.e., Son, Niece, etc.)	Indicate all Resources this Person received in Calendar Year 2005**		Claimed on your 2005 Taxes?	List College if enrolled in six or more Units
			Total Income	Source		
<i>Example</i> Taylor Brown	02/02/99	Daughter	\$ 0	N/A	[x] Yes [] No	N/A
<i>Example</i> Mom Brown	03/10/46	Mom	\$ 6,000	Pension	[x] 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 provide no 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 certify that all the information reported on this form, and any attachments, are complete and correct.* I agree to provide additional proof of the information I have reported, if requested to do so. **Signatures are required for all persons reporting information.**

Student's signature _____ Date _____

Spouse's signature (if married) _____ 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.

