



UCLA, Financial Aid Office
 A-129J Murphy Hall
 Box 951435
 Los Angeles, CA 90095-1435
 Phone: 310-206-0400
 Fax : 310-206-7419

2009-2010 INDEPENDENT VERIFICATION FORM

Name: Last _____ First _____ UID# _____

Your file has been selected for verification of the data provided on your Free Application for Federal Student Aid (FAFSA). We cannot evaluate your eligibility for financial aid until you submit all required verification documents. Delays in completion and submittal of this form may result in limited funding for 2009-10.

**** If needed, we reserve the right to request additional documents that are not specified on this form. ****

STUDENT/SPOUSE TAX FORM AND INCOME INFORMATION (Check One)

- I have attached a complete and **signed** copy of my (and my spouse's) 2008 tax return (IRS Form 1040/1040A/1040EZ), **including all schedules, statements and W2 forms.**

- I will not file a 2008 tax return (IRS Form 1040/1040A/1040EZ). List any income you (and your spouse) received in 2008. Please attach verification of income received, i.e., W2's, 1099-misc, SSI statements, etc. If no income was received, put \$0. \$ _____

HOUSEHOLD INFORMATION

Please list your dependents for the 2009-2010 academic year below. Include yourself, your spouse, and your dependents if applicable. Include other people only if they will live with and will receive at least half of their support from you during the entire period from 7/1/09 to 6/30/10.

Full Name	Age (as of 12/31/09)	Relationship To Student	Name of College (Attending at Least Half-Time During 09-10)	Graduate Student Y/N
		Self	UCLA	

STUDENT/SPOUSES' STATEMENT OF EXPENSES AND RESOURCES

Please itemize both your monthly and yearly expenses and list all sources of income from January 1, 2008 to December 31, 2008. **(Do not include expenses that relate to family businesses, rental property, or college costs for you or your children.)**

TYPE OF EXPENSE	PER MONTH	PER YEAR
Rent or mortgage payment		
Utilities (gas, electricity, water, phone)		
Insurance (include home, apartment, auto)		
Food		
Transportation (car payments, gas, repairs, public transit)		
Medical/Dental		
Clothing		
Recreation		
Other (specify):		
Other (specify):		
TOTAL EXPENSES	\$	\$
RESOURCES	PER MONTH	PER YEAR
Income from employment - Student		
Income from employment - Spouse		
Interest and dividend income		
Unemployment benefits		
Worker's Compensation and/or Disability benefits		
Child support		
Living allowances paid to military, clergy and others		
Veteran non-educational benefits		
Social Security benefits		
Temporary Assistance for Needy Families (TANF)		
Food Stamps/WIC/Subsidized Housing		
Foreign income		
Other (specify):		
TOTAL INCOME	\$	\$

