

2018-2019 Dependent
Income Statement

Student Last Name

Student First Name

MI

CSUCI ID Number

Student Phone Number

Purpose

The income your parent(s) reported on the Free Application for Federal Student Aid (FAFSA) or Dream Act Application appears to be insufficient to meet basic living expenses (housing, food, clothing, etc.). For clarification purposes, we need to obtain information regarding your and your parent(s) additional income sources as of the date the FAFSA or Dream Act Application was filed.

Do not leave a question blank, indicate "0" if the amount equals zero.

Income Sources for 2016**Student Income****Parent(s) Income****Please complete all sections.**

Temporary Assistance for Needy Families (TANF)	\$	\$
Supplemental Nutrition Assistance Program (SNAP)	\$	\$
CalWORKS or other Welfare Benefits	\$	\$
Social Security Benefits	\$	\$
Unemployment Benefits	\$	\$
Spousal Support Received (e.g. alimony)	\$	\$
Child Support Received	\$	\$
Investment (Interest & Dividends) Income	\$	\$
Retirement/Pension Income	\$	\$
Veterans Benefits	\$	\$
Workman's Compensation	\$	\$
Disability Benefits	\$	\$
Other Income	\$	\$
Financial Aid (refunded amount)	\$	\$
Money received, or paid on student's behalf (e.g., bills)*	\$	
2016 Total Income (Yearly Amount)	\$	\$

* Money received, or paid on student's behalf (e.g. payment of student's bills) and not reported elsewhere on this form. If someone is paying rent, utility bills, etc. for the student or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is the student's parent whose information is reported on the student's 2018-2019 FAFSA. Amounts paid on the student's behalf also includes any distributions to the student beneficiary from a 529 plan that is owned by someone other than the student or parent(s) (such as grandparents, aunts, and uncles).

Explanation

Explain special circumstances (if any) concerning your financial situation. If you and your parent listed zero total income, you must explain how you met your everyday living expenses such as food, rent and clothing.

Certification and Signature

The student and one parent must sign and date below. Each person signing this worksheet certifies that all of the information reported on this form is true and accurate to the best of their knowledge. Further, each person gives permission to an authorized representative of the Financial Aid & Scholarships Office to verify any of the above information.

Student Signature (electronic signatures not accepted)

Date

Parent Signature (electronic signatures not accepted)

Date

WARNING:

If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

PLEASE RETURN THIS FORM TO THE CSU CHANNEL ISLANDS FINANCIAL AID & SCHOLARSHIPS OFFICE