



## 2018-2019 Independent Income Statement

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ MI \_\_\_\_\_ CSUCI ID Number \_\_\_\_\_ Student Phone Number \_\_\_\_\_

### Purpose

The income you 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 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

### Spouse Income

**Please complete all sections.**

Temporary Assistance for Needy Families (TANF) .....	\$ _____	\$ _____	<p>* Money received, or paid on your behalf (e.g. bills) includes:</p> <ul style="list-style-type: none"> <li>– money for bills</li> <li>– housing, food, clothing</li> <li>– car payments or expenses</li> <li>– medical and dental care</li> <li>– college costs</li> </ul> <p>For example, if a relative pays your housing and tuition fees, you must report the amounts as paid on your behalf.</p> <p><b>Do not include</b> amounts for in-kind support (when you are not obligated to pay an amount). For instance, if you live with a parent and do not pay rent, you do not need to report an amount as money received for rent.</p>
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 your behalf by parents* .....	\$ _____	\$ _____	
Money received, or paid on your behalf by others* .....	\$ _____	\$ _____	
<b>2016 Total Income (Yearly Amount)</b>	<b>\$ _____</b>	<b>\$ _____</b>	

### Explanation

Explain special circumstances (if any) concerning your financial situation. If you 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 must sign and date below. If married, the spouse's signature is optional. 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's Signature (electronic signatures not accepted) \_\_\_\_\_ Date \_\_\_\_\_

Spouse's 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**