

EOP INCOME VERIFICATION

Instructions

If applicant cannot provide parent or self-tax information, then you must submit this verification form along with supporting documentation.

Some sections must be completed by parent or guardian of applicant. ****Failure to provide supporting documentation will result in processing delay until we receive documentation. This form can be completed electronically and then printed out to add the signatures. If you complete this form by hand, please print clearly to avoid delays in processing.**

Read all questions and respond to those that apply to you.

Section A *(all applicants must fill out)*

LAST NAME	FIRST NAME	MIDDLE INITIAL	CSUN ID#
Semester applying for: Fall 20_____ Contact Phone #_____			
Family Size: _____			
Are you Married?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have <u>any</u> children?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 24 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered YES to any of these questions, you are considered INDEPENDENT			(Complete Sections C and D Only)
If you answered NO to all of these questions, you are considered DEPENDENT			(Complete Sections B and D Only)

Section B Dependent Students (If you are under 24, single, claim no dependents and/or were former ward of the court/foster youth)

- 1) Marital Status: Single Married Divorced/Separated Widowed
- 2) Did you file taxes last year? Yes No
- 2a) Was student claimed on anyone's taxes last year as a dependent? Yes No
(if YES, please submit that individual's taxes. If NO, answer 2b & 2c)
- 2b) How many years has applicant not been claimed on any parent/guardian taxes? _____
- 2c) Will applicant be claimed in anyone's taxes this upcoming year? Yes No
- 3) Did parent/guardian receive any assistance for supporting applicants? Yes No
- 4) Is applicant a ward of the court? Yes No
- 5) Is applicant a foster youth? Yes No
- 6) Is applicant currently homeless? Yes No
- 7) Is applicant an AB 540 student? Yes No

Section C Independent Students (If you are over 24, married or have dependent children)

- 1) Marital Status: Single Married Divorced/Separated Widowed
 2) Is anyone claiming you on their taxes? Yes No

(If you answered YES, please submit their taxes, if you answered No, proceed to question 2a)

2a) I have filed my own taxes Yes No

2b) Number of years filing taxes _____

3) I have _____ dependents

4) Are you receiving any assistance to support any dependents? Yes No

(If **YES**, please mark the appropriate source in **Section D**)

Section D

Please indicate **ALL** sources of income for you and your family. If none of the sources listed below apply to your situation, check the "Other" box and write in the source of income that is received. **IMPORTANT:** if no supporting documentation is attached to this form THE PROCESSING OF YOUR APPLICATION WILL BE DELAYED.

<input type="checkbox"/> A.F.D.C.	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Federal/State Disability Benefits
<input type="checkbox"/> GAIN	<input type="checkbox"/> Section 8 Housing Benefits	<input type="checkbox"/> Vocational Rehabilitation
<input type="checkbox"/> General Relief	<input type="checkbox"/> Pension Benefits	<input type="checkbox"/> Refugee Cash Assistance
<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Other _____
<input type="checkbox"/> Ward of the Court/Foster		

Applicant (and spouse if applicable)

Source	Amount
1.	\$
2.	\$
3.	\$
Annual total	\$

Parent/Guardian of Applicant

Source	Amount
1.	\$
2.	\$
3.	\$
Annual total	\$

For unusual circumstances or unique situations, please submit a statement on a separate piece of paper with details. All information is kept confidential.

Certification

I (we) hereby affirm that all information reported on this form and any attachment are true, completed and accurate to the best of my (our) knowledge. I (We) understand that any false statements or misrepresentations will be cause for EOP denial.

Applicant's Signature

Print Name

Date

Parent/Guardian Signature

Print Name

Date

Please sign the complete form and **FAX, MAIL or WALK IN.** to the EOP Admissions office with **all the necessary documentation attached.**

Fax: (818) 677-7728 | Mailing Address: EOP Admissions Office, Bayramian Hall 212 - 18111 Nordhoff Street - Northridge, CA 91330-8205.