EOP INCOME VERIFICATION FORM

Instructions

If you cannot provide parent or self-tax 2022 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.

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Section A (all applicants must fill out)

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>CSUN ID#</th>
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</thead>
</table>

Semester applying for: Fall 20_ Contact Phone #______________________________

Family Size: __________

Are you Married? □ Yes □ No

Do you have any children? □ Yes □ No

Are you 24 years of age or older? □ Yes □ No

If you answered **YES** to any of these questions, you are considered **INDEPENDENT**

If you answered **NO** to all of these questions, you are considered **DEPENDENT**

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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 _______ dependent/children  
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.

- [ ] CalWorks  
- [ ] Social Security Benefits  
- [ ] Ward of the Court/Foster Youth  
- [ ] Section 8 Housing Benefits  
- [ ] Other  

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<td>2.</td>
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<td>3.</td>
<td>$</td>
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<tr>
<td>Annual total</td>
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**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 (and spouse if applicable)  
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Parent/Guardian of Applicant  
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MAIL to: EOP Admissions - 18111 Nordhoff Street - Northridge, CA 91330-8366.