



Financial Aid and Scholarships Office Tel: 760.750.4850 Fax: 760.750.3047 www.csusm.edu/finaid

Confirmation of Student Income Award Year 2016-2017

Student Name:		Student ID:		
Your 2016-2017 Free application required to confirm the informa verify and process your 2016-20 eligible non-citizen, and/or U.S. your W-2 form(s) and/or 1099 for	tion you reported on you 17 financial aid applicatio resident and are not requ	r FAFSA. Accurate com on. Instructions: This fo	pletion of this form is record must be completed if	quired in order to fyou are a U.S. citizen,
Please complete the appropriate	e option that pertains to y	ou during the 2015 ta	x year.	
By checking this box, I cert	ify that I did not work du	ring 2015 and did not	receive a W-2 for the 201	15 tax year.
By checking this box, I cert W2's to CSUSM that I received.	ify that I worked during 2	2015 and received a W	-2 for the 2015 tax year a	and will submit all
A: INCOME INFORMATION Please list all sources and amou	nts of income received fo	or this period.		
Income Source	Amount	W2 or 1099 Received and Attached		
	\$	Yes	No	
	\$	Yes	No	
	\$	Yes	No	
By signing this form, I certify that a requested, I agree to provide furth				knowledge. If
Student's Signature			Date	