



California State University SAN MARCOS

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

2016-2017 Resource Verification Form - Dependent

Student Name: _____ Student ID #: _____

Your 2016-17 FAFSA was selected for a process called "Verification". CSUSM is required to confirm the information you and/or your parent(s) reported on your FAFSA. Accurate completion of this form is required in order to verify and process your application.

Instructions: Please complete this form to provide us with the untaxed income that was left blank, or confirm the untaxed income you reported on the application. Enter a zero if you have no amount to report for a particular section. DO NOT leave any section blank. Enter the amounts for you and your parent if Dependent. If Independent, enter combined amounts for you and your spouse if you are married.

Answer these questions using information from tax year 2015.	Student/Spouse	Parent(s)
Payments to tax-deferred pension and saving plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H and S.	\$	\$
Child support you received for all children. Don't include foster care or adoption payments.	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on base military housing or the value of a basic military allowance for housing.	\$	\$
Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$	\$
Other untaxed income not reported, such as workers compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-line 25. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements, (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$	\$
Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.	\$	\$
Total Amount:	\$	\$

By signing this form, I certify that all of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided.

Student Signature _____ Date _____

Parent Signature _____ Date _____