

2018-2019 Parent Verification of Household Support

Your 2018–2019 Free Application for Federal Student Aid (FAFSA) or Dream Act Application and other requested documentation indicated a household member that we do not generally count in the household size. To verify that you provided correct information, the Financial Aid Office is requesting for clarification. If there are adjustments, your FAFSA/Dream Act Application information may need to be corrected by the Financial Aid Office. **If a section does not pertain to you, please indicate zero or not applicable (N/A). Please keep in mind that incomplete forms will delay processing. Do not leave any spaces blank.**

SECTION 1: STUDENT INFORMATION

Last Name

First Name

Student Identification Number

SECTION 2: HOUSEHOLD MEMBER INFORMATION

Name of Household Member

Relationship to Student

CHECK HERE IF the person above is not part of the household AND SKIP TO SECTION 5.

*** If the person above will be enrolled in college and is part of the household during the 2018-2019 academic year, attach a copy of their Financial Aid Award Notification.**

SECTION 3: INCOME OF HOUSEHOLD MEMBER

Provide the household members total income from July 1, 2018 through June 30, 2019:

Income (July 1, 2018 through June 30, 2019)	Amount Per Month
Earnings	\$ _____
Other Income: _____ (type)*	\$ _____
Other Income: _____ (type)*	\$ _____
Other Income: _____ (type)*	\$ _____
Other Income: _____ (type)*	\$ _____
Other Income: _____ (type)*	\$ _____
HOUSEHOLD MEMBERS TOTAL INCOME	\$ _____

* Some examples of other income are social security, unemployment, etc.

SID# _____

SECTION 4: EXPENSES OF HOUSEHOLD MEMBER

Provide the household members total expenses from July 1, 2018 through June 30, 2019:

Expenses (July 1, 2018 through June 30, 2019)	Amount Per Month
Rent	\$
Utilities (gas, electric, water, phone)	\$
Food/household Items	\$
Car/Transportation (car payments, insurance, gas)	\$
Medical/Dental	\$
Other Expense: _____ (type)*	\$
Other Expense: _____ (type)*	\$
Other Expense: _____ (type)*	\$
HOUSEHOLD MEMBERS TOTAL EXPENSES	\$

SECTION 5: CERTIFICATION AND SIGNATURES

If you are the student or parent, by signing this form you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide further documentation that will verify the accuracy of your completed form. Also, you certify that you understand that the Department of Education has the authority to verify information reported on this form with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student Signature

Date

Parent Signature

Date

Scan and submit this form in PDF format **ONLY** and email to fadocs@ucr.edu.

Be sure to include your full name and SID in your email and on every page.