

## 2016-2017 Parent Verification of Household Support

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's Middle Initial: \_\_\_\_\_

Student's 9-digit UCR ID#: \_\_\_\_\_

On the Household Size Verification Worksheet, you listed a household member we do not automatically count in the household size. In order to assist us in determining whether to include this person in the household size please provide the income and expenses information for the following household member:

Name of Household Member \_\_\_\_\_ Relationship to Student \_\_\_\_\_

❖ **If the person above will be enrolled in college during 2016-17, attach a copy of their Financial Aid Award Letter.**

**Income of Household Member:** Provide the household member's total income from July 1, 2016 through June 30, 2017.

**INCOME (July 1, 2016 through June 30, 2017):**

Earnings \$ \_\_\_\_\_

Other Income (i.e. Social Security, Unemployment benefits, etc.):

Type: \_\_\_\_\_ \$ \_\_\_\_\_

Type: \_\_\_\_\_ \$ \_\_\_\_\_

Type: \_\_\_\_\_ \$ \_\_\_\_\_

**Household Member's Total Income:** \$ \_\_\_\_\_

**Expenses of Household Member:** Provide household member's total expenses from July 1, 2016 through June 30, 2017.

**EXPENSES (July 1, 2016 through June 30, 2017):**

Rent \$ \_\_\_\_\_

Utilities (gas, electric, water, phone) \$ \_\_\_\_\_

Food/Household Items \$ \_\_\_\_\_

Car/Transportation (car payments, insurance, gas) \$ \_\_\_\_\_

Medical/Dental \$ \_\_\_\_\_

Other Specify: \_\_\_\_\_ \$ \_\_\_\_\_

**Household Member's Total Expenses:** \$ \_\_\_\_\_

I certify that the information on this form is true and correct.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_