

2016-2017 STUDENT FEDERAL BENEFITS VERIFICATION

Student's Last Name: _____

Student's First Name: _____

Student's Middle Initial: _____

Student's 9-digit UCR ID #: _____

'6YZcfY'Zi fh\Yf'UVM]cb'WUb'VY'hU_Yb'cb'nci f'Z]bUbV\U'U]X'Udd'J]W]h]cbz'h\Y'Zc`ck]b[']bZcfa Uh]cb']gfYei]fYX'' D'YUgY'j Yf]Zm]bZcfa Uh]cb'fY[UFX]b['h\Y ZYXYfU'VYbYZ]hg'fYVW]j YX]b'&\$%4'cf'&\$%5 Vma Ya VYfg'cZ'nci f' \ci gY\c`X''

Instructions:

- $\neq X]W]hY'VY'ck' h\Y' hmd'Y'cZ'VYbYZ]hg'fYVW]j YX'VmUbmZUa]'ma Ya VYfg''ghYX'cb'h\Y'&!\%7': 5: G5'Zcfa '' h\Y'ZYXYfU'VYbYZ]hd'fc[fUa g''ghYX'VY'ck ''$
- 5hUW' h\Y'Udd'f'cdf]UhY'XcW'a YbhUh]cb'fZcf'Ubm'cbY'd'fc[fUa E'hc'h\]g'Zcfa 'UbX'fYh'fb'U''hc'h\Y' UXXfYgg'VY'ck ''
- Supplemental Security Income (SSI):** G Va]h'U''D'fccZ'cZ' bVta Y '@YhYf''Z'fca 'h\Y'GcV\U'GYWf]m'..... 5Xa]b]ghfUh]cb'fGG5E'Uh'nci f''cW'GYWf]m'cZZ]W'Uj U]UV'Y'cb']bY'Uh'[D'fccZ'cZ' bVta Y '@YhYf''](#) 'Cf'W'' 'h\Y'GG5'Uh'% , \$\$! ++& !%%% 'hc'fYei Ygh'U''D'fccZ'cZ' bVta Y '@YhYf''
- Supplemental Nutrition Assistance Program (SNAP):** D'fcj]XY'k f]hYb'XcW'a YbhUh]cb'h\Uh'U' a Ya VYf'cZ'nci f' \ci gY\c`X'fYVW]j YX'VYbYZ]hg'Z'fca 'h\Y'G' dd'Ya YbhU'Bi hf]h]cb'5gg]gh'UbW'D'fc[fUa ' cf'GB5D'fZcfa Yf'm_bck b'Ug'h\Y': ccX'GhUa d'D'fc[fUa E'Xi f]b['&\$%4'cf'&\$%5''': cf']bZcfa Uh]cb'cb' cVhU]b]b['k f]hYb'XcW'a YbhUh]cb'cZ'VYbYZ]hg'Vt'bhUW'h\Y'U] YbVh'h\Uh]gg' YX'h\Y'VYbYZ]hg''; c'hc' [\h'rd.##k k k "VXgg'W" \[cj #: CC8GH5ADG#D; , - "<HA'Zcf'U''\]gh'cZ\]gg' \]b\['U\[YbVW\]g'](#)
- Free or Reduced Lunch:** G Va]h'XcW'a YbhUh]cb'cZ'dUfh]VdUh]cb'Vm'fYei Ygh]b['U''YhYf'Z'fca 'h\Y' V\]X'fj'g'W'cc''cb'h\Y'g'W'cc'fj'YhYf'\YUX''
- Temporary Assistance for Needy Families (TANF):** G Va]h'U''7Yfh]Z]W]h]cb'Bch]Z]W]h]cb''k]h'g'Ufh'UbX'YbX'XUhY'g'cf'g Va]h'U'VYbYZ]h'YhYf'Z'fca 'h\Y'cW'5Xi 'h'UbX': Ua]'mG'fj]W]g'cZZ]W''
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):** G Va]h'U'Vt'dmcZ'h\Y'K =7' =8'W'FX'g'ck]b['h\Y'dUfh]Vd'Ub'h'fj'bUa Y''
- No one in my household received any of the above benefits.** M'i 'a Um'Vt'ffYVh'a m: 5: G5']bZcfa Uh]cb''

Student's Signature: _____ Date: _____

After you have filled in the information, print, sign, and submit this form to:
 UC Riverside - Financial Aid Office - 900 University Avenue - Riverside, CA 92521
 Phone (951) 827-3878 Fax (951) 827-5619