

A. Student's Information

## 2019-2020 INCOME CERTIFICATION-DEPENDENT STUDENT (MINCOP-#50)

This form to be filled out by Parent(s) (not student)

Your 2019-2020 Free Application for Federal Student Aid (FAFSA) or California Dream Act application was selected for review in a process called "Verification." The law says that before awarding any Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA or Dream Act Application. To verify that you provided correct information we will compare your application with the information on this worksheet and with any other required documents. If there are differences, your corresponding application information may need to be corrected. At least one parent must complete and sign this worksheet in PEN ONLY, attach any required documents, and submit the form and other required documents to the financial aid office. You may still be asked for additional information. If you have questions about verification, contact The Financial Aid Office as soon as possible so that your financial aid will not be delayed.

	First Name	M.I.	ID (10 digit)	
Street Address (includ	de apt. no.)		Date of Birth	
City	State	Zip Code	Phone Number (include area code)	
B. Parents' Income	e Verification			
		•	registered domestic partner tax information for is to be provided even if they filed separately.	
Tax Return transcript.  If (parent) have used the	my/our (parent) 2017 IRS Income e IRS Data Retrieval Tool in the transfer my 2017 IRS Income Tax	☐ I/We did not file, and am (are) not required to file a 2017 federal income tax return. (if employed in 2017, attach all W2s. If you were not provided a W2 or 1099, please include a statement explaining the circumstances and indicating all employer information & wages.)		
ncome (e.g., CalWORKs	•	sability income) and ea	arough December 31, 2017. Include untaxed arnings or income not reported on a federal or	
017 Sources of Money		in not med).	ANNUAL AMMOUNT January 2017 – December 2017	
017 Sources of Money		in not mea).	ANNUAL AMMOUNT January 2017 – December 2017	
017 Sources of Money		in not mea).	January 2017 – December 2017	
017 Sources of Money		in not mea).	January 2017 – December 2017 \$	
017 Sources of Money		in not mea).	January 2017 – December 2017 \$ \$	
017 Sources of Money		in not mea).	January 2017	
017 Sources of Money		Total	January 2017 - December 2017   \$   \$   \$   \$   \$   \$   \$   \$   \$	
017 Sources of Money  C. Parents' Expen			January 2017 - December 2017   \$   \$   \$   \$   \$   \$   \$   \$   \$	
C. Parents' Expen		Total	January 2017 - December 2017   \$   \$   \$   \$   \$   \$   \$   \$   \$	
_	nse Verification	Total	January 2017 - December 2017   \$   \$   \$   \$   \$   \$   \$   \$   \$	

			Student ID
the p	•	S): Please explain the special circums ou (the parent) were able to support you:	
-	•		
-			
D.	Certification and Signatures (requi	red for all persons reporting income ab	ove.)
	provide any additional information re		vided is complete and accurate. I agree to nancial Aid Office to verify the accuracy information, you may be fined up to
		Signature of Parent 1	<u> </u>

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Date

**Signature of Parent 2** 

Name of Parent 2 (please print)