Your student’s application was selected for a review in a process called “Verification.” For more information on verification, see our Web page at: www.csuchico.edu/fa/policies/verification.shtml.

The 2015 family income you and your student reported on the 2017/2018 FAFSA or CADAA appears to be unusually low. We are required to verify how your family met your household living expenses in 2015. Complete the form and return it to the Financial Aid & Scholarship Office. **DO NOT LEAVE BLANKS.** Enter 0 if appropriate. If your parents live together (married or unmarried), you must list combined totals for both parents.

In 2015, did you, your parents, or anyone in your parent’s household receive benefits from any of the federal programs listed below? Check all that apply:

- [ ] Supplemental Security Income (SSI)
- [ ] Section 8 - Housing Choice Voucher Program
- [ ] Supplemental Nutrition Assistance (SNAP/Food Stamps)
- [ ] Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- [ ] Temporary Assistance for Needy Families (TANF/or cash aid)
- [ ] Free or Reduced Price Lunch
- [ ] Veteran's non-education benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances
- [ ] Expenses received as a member of the clergy, military, etc. (Housing, food or other living expenses)
- [ ] Cash support from others
- [ ] Financial Aid Received 2016/17
- [ ] Total 2015 Household Resources

Please provide information below of other resources, benefits, and other funds received in 2015 by your family. Briefly explain how you financially supported your family members in 2015. (Attach a separate sheet if you need more space).

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

**Certification Statement**

I hereby certify that all information on this form is accurate and complete to the best of my knowledge.

Student Signature ______________________ Date __________

Parent #1 Signature (Father, Step-father, Same-sex legal parent) __________________________ Date __________

Parent #2 Signature (Mother, Step-mother, Same-sex legal parent) If applicable __________________________ Date __________