



**Financial Aid/Scholarships Department**  
 One University Circle • Turlock, CA 95382  
 Telephone (209) 667-3335 • Fax# (209) 664-7064  
[www.csustan.edu/financialaid](http://www.csustan.edu/financialaid)

Name: \_\_\_\_\_

ID: \_\_\_\_\_

- Student  
 Parent

## 2010 – 2011 INCOME CERTIFICATION

### 2009 STUDENT'S ( and SPOUSE'S ) INCOME

List below **all** of the resources and amounts of money received from January 2009 through December 2009. Include financial aid, support from partners, untaxed income (e.g., AFDC/TANF, SSI, Military Living Allowance) and earnings not reported on a Federal or State tax return.

SOURCE OF MONEY	ANNUAL AMOUNT JANUARY 2009-DECEMBER 2009
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

If you claim to be a self-supporting student and if your income was not sufficient to pay for rent, food, and other expenses, explain how you paid your expenses.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/we hereby certify that all information reported on this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. **Signatures are required for all persons reporting income above.**

_____ Applicant's Signature	_____ Date
_____ Signature of Spouse	_____ Date
_____ Name of Spouse (please print)	_____ Date

### 2009 PARENT'S INCOME

List below **all** of the resources and amounts of money received from January 2009 through December 2009. Include financial aid, support from family, untaxed income (e.g., AFDC/TANF, SSI, Military Living Allowance) and earnings not reported on a Federal or State Tax return.

SOURCE OF MONEY	ANNUAL AMOUNT JANUARY 2009-DECEMBER 2009
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

EXPLAIN SPECIAL CIRCUMSTANCES CONCERNING YOUR FINANCIAL SITUATION: (You may attach a separate sheet if additional space is needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/we hereby certify that all information reported on this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. **Signatures are required for all persons reporting income above.**

_____ Applicant's Signature	_____ Date
_____ Signature of Father	_____ Date
_____ Signature of Mother	_____ Date