

2016-2017 CALIFORNIA DREAM ACT STUDENT/SPOUSE INCOME/EXPENSE VERIFICATION FORM

Student UCM ID _____ Phone Number _____

Student Full Name _____
First Name _____ Last Name _____ M.I. _____

SECTION A: Student/Spouse Taxable and Untaxed Income

Please list student and spouse taxable and untaxed income for the twelve (12) month period of January 1, 2015 through December 31, 2015 below. DO NOT LEAVE BLANKS. If the answer is zero or does not apply to you, enter "0".

You must submit a completed copy of your 2015 Federal Tax Transcript and W-2(s) (if applicable) if you have not already done so.

Note: You may be required to provide documentation from the IRS that indicates a 2015 IRS income tax return was not filed.

Gross income earned from work by student (wages, salaries, tips) : _____

Gross income earned from work by spouse (wages, salaries, tips) : _____

Check here if you received subsidized low-income housing such as HUD, Section 8, etc. (Do not include those benefits below.)

Taxable Income	Monthly	Annual	Untaxed Income	Monthly	Annual
Interest & dividend income			Payments to tax deferred pension and savings plan		
Alimony			IRA, Keogh, SEP, SIMPLE contributions		
Net business/farm income			Child support received		
Capital Gains (loss)			Tax exempt interest		
Other gains (or loss)			Untaxed IRAs/pension distributions, excluding rollovers		
Retirement/pension benefits			Housing, food and other living allowances (including cash payments and cash value of benefits).		
Rental property, royalties, partnership, S corporation, trust			Veteran's non-education benefits		
Farm Income			Disability Compensations Worker's Compensation		
Unemployment Compensation			Money paid or received on your behalf		
Taxed Social Security benefits			Any other income or benefits		
Paid lump sum benefits: retirement, vacation, sick pay, etc.			Specify _____		
			Total Income:		

Student UCM ID _____

Student Full Name _____
 First Name _____ Last Name _____ M.I. _____

SECTION B: Student/Spouse Expenses

List student and spouse's estimated expenses for the twelve (12) month period of January 1, 2015 through December 31, 2015. You must also submit a completed copy of your 2015 Federal Tax Transcript and W-2(s) if you have not already done so.

Type of Expense	Monthly	Annual	Type of Expense (cont.)	Monthly	Annual
Rent or Mortgage Payment			Child support paid by the parent (s)		
Property Tax			Do not include support paid for children living in your home, or for the UCM Student		
Utilities (gas, electric, phone)			Private school tuition (attach documentation)		
Food and household items			Vacation and recreation expenses		
Car and/or transportation (car payments, insurance, gas, repairs and maintenance, bus)			Any other expenses		
Medical and Dental (not covered by insurance)			Specify: _____		
Health Insurance Premiums			Please do not include federal or state taxes as these are already taken into account.		
Child care and/or elder care					
Consumer debts and/or other personal loans			Total Expenses:		

SECTION C: Student/Spouse Income Statement

If expenses exceed income, explain how you met your expenses **below** or on a separate piece of paper and attach it to this document.

SECTION D: Student/Spouse Certification

I hereby declare that all information reported on this document is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid and referral to the appropriate authorities. This document must be postmarked by June 1, 2016 to be considered for maximum eligibility of aid.

 Student Signature Date Spouse Signature Date

Reminders:

- Attach copies of documentation to provide proof of your situation.
- Write student name and student I.D. number on all documents submitted.
- Awards will not be given until we have reviewed your documents and verified your eligibility.
- Payments will not disburse until we have reviewed your documents and verified your eligibility.