

2016-2017 PARENT 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'UW]cb'Wb'VY'hU_Yb'cb'mci f'Z]bUbVWU'UjX'Udd'j]W]h]cbz'h\Y'Zc`ck]b[]]bZcfa Uh]cb]g'fYei]fYX''
 D'YUg'j Yf]Zm]bZcfa Uh]cb fY[UfX]b['h\Y'ZYXYfU'VYbYZ]hg'fYW]j YX]b'&\$\$4'cf'&\$\$5'Vma Ya VYfgcZ'nci f'dUFYbhg'
 \ci g/\c'X"

Instructions:

- ~~6X]W]hY'VY'ck'h\Y'hmd'Y'cZ'VYbYZ]hg'fYW]j YX'VmUbmZUa]'ma Ya VYfg`]ghYX'cb'h\Y'&\$\$6!%7': 5: G5'Zcfa'h\Y'ZYXYfU'VYbYZ]hdfc[fUa g`]ghYX'VY'ck "~~

- 5hUW'h\Y'Uddfcd]UHY'XcW'a YbhU]cb'fZcf'UbmcbY'dfc[fUa k'hc'h\]gZcfa'UbX'fYh'fb'U''hc'h\Y'UXXfYgg'VY'ck "

Supplemental Security Income (SSI): G Va]h'U''DfccZ'cZ' ~~bWta Y'@YhYf''~~ Zcfa'h\Y'GcWU'G'W'f]m'.....
 5Xa]b]g'fU]cb'fGG5E'Uh'nci f''cWU'G'W'f]m'cZ]W'Uj U]UV'Y'cb']bY'Uh DfccZ'cZ' ~~bWta Y'@YhYf''~~ Cf''
 WU'h\Y'GG5'Uh%, \$\$! ++&!%&%'hc'fYei Ygh'U''DfccZ'cZ' ~~bWta Y'@YhYf''~~

Supplemental Nutrition Assistance Program: Dfcj]XY'k f]hYb'XcW'a YbhU]cb'hUh'U'a Ya VYf'cZ'nci f'\ci g/\c'X'fYW]j YX'VYbYZ]hg'Zcfa'h\Y'G'dd'Ya YbhU'Bi hf]h]cb'5gg]ghUbW'Dfc[fUa'cf'GB5D'fZcfa Yf'm_bck b'Ug'h\Y': ccX'GhUa d'Dfc[fUa k'Xi f]b['&\$\$4'cf'&\$\$5''': cf']bZcfa Uh]cb'cb'cVhU]b]b['k f]hYb'XcW'a YbhU]cb'cZ'VYbYZ]hg'VcbhU]h\Y'U]YbVh'hUh]ggj YX'h\Y'VYbYZ]hg''; c'hc' [\hd.##k k k "WXgg"W"\[cj #: CC8GH5ADG#D; , ' - "<HA'Zcf'U''\]gh'cZ\]ggj \]b\['U\]YbVW'g''](#)

Free or Reduced Lunch: G Va]h'XcW'a YbhU]cb'cZ'dUfh]W]dU]cb'Vm'fYei Ygh]b['U''YhYf'Zcfa'h\Y'W]X'g]g'W'cc'cb'h\Y'g'W'cc'g'Y'hYf'YUX''

Temporary Assistance for Needy Families (TANF): G Va]h'U''7Yfh]Z]W]h]cb'Bch]Z]W]h]cb''
 k]h'ghUfh'UbX'YbX'XUh'g'cf'g Va]h'U'VYbYZ]h'YhYf'Zcfa'h\Y''cWU'5Xi'h'UbX': Ua]m'G'fj]W'g'cZ]W''

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):
 G Va]h'U'W'dmicZ'h\Y'K'≠'8'W'fX'g'ck]b['h\Y'dUfh]W]dU]cb'g'bUa Y''

No one in my household received any of the above benefits. Mi'a Um'V'ffYV'W'a mi: 5: G5']bZcfa Uh]cb''

Parent'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