

2016-2017 STUDENT UNTAXED INCOME VERIFICATION FORM

Student's Last Name: _____

Student's First Name: _____

Student's Middle Initial: _____

Student's 9-digit UCR ID #: _____

D'YUg'j Yf]Zmh\Y'Ua ci bhicZ'nci f' &\$%5' l bhUJ YX' bVta Y' UbX' 6YbYZ]hg Zfca 'ei Ygh]cb' . () 'cZ'h\Y' &\$%!&\$%7': fYY''
5dd']Vh]cb'Zcf': YXYFU' G'ri XYbh'5]X'fl 5: G5E'

CALENDAR YEAR 2015 UNTAXED INCOME AND BENEFITS

Please complete the following information:

<p>5'' DUna Ybhg]hc' hUI !XYZYffYX' dYbg]cb' UbX' fYh]fYa Ybh'gUj]b['g' d' Ubq' fU]X' X]fYVh' mcf' k]h\ \Y' X' Zfca ' YUfb]b[gZ']bW' X]b['z' Vi' h' bch']' ja]hYX' hcZ' Ua ci bhg' fYdcfhYX' 'cb' h\Y' K' !&Zcfa g]b' Vcl' Yg' %&U h' fci [\ %&Xz' Vt' XYg' 8z9z' z' z' < z' UbX' G' Don't include Ua ci bhg' fYdcfhYX']b' Vt' XY' 88' fYa d' cnYf' Vt' bh]Vi' h]cbg]hck' UfX' Ya d' cnYf' \YU' h' VYbYZ]hg' "</p>	\$ _____
<p>6'' #5' XYXi' Vh]cbg]UbX' dUna Ybhg]hc' gY' Z' Ya d' cnYX' G9Dz' GA' De9z' UbX' ?Yc[\ 'UbX' ch\Yf' ei U']Z]YX' d' Ubq' Zfca ' FG: cfa' %\$(\$' f' h' c' h' U' 'cZ']' bYg' & , 'Z' " & z' cf' %\$(\$5] ']bY' %"</p>	\$ _____
<p>7'' 7\] X' g' ddcfh' fYW']j YX' Zcf' U' \ ' V\] X' fYb' " 8cb' h']' bW' XY' Zcg' Yf' WUfY' cf' U' Xcdh]cb' dUna Ybhg' "</p>	\$ _____
<p>8'' HUI' YI' Ya dh']bhYfYgh']bVta Y' Zfca ' FG: cfa' %\$(\$']' bY' , V' cf' %\$(\$5] ']bY' , V''</p>	\$ _____
<p>9'' I' bhUI' YX' dcfh]cbg' cZ' #5' X]g' f]Vi' h]cbg]Zfca ' FG: cfa' %\$(\$']' bYg' f' U' a']bi' g' %' Vt' cf' %\$(\$5] ']bYg' f' U' a']bi' g' %' Vt' " Exclude rollovers. -Z' bY[U'h] Yz' YbhYf' U' nYfc' \YfY''</p>	\$ _____
<p>: '' I' bhUI' YX' dcfh]cbg' cZ' dYbg]cbg]Zfca ' FG: cfa' %\$(\$']' bYg' f' U' a']bi' g' %' Vt' cf' %\$(\$5] ']bYg' f' U' a']bi' g' %' Vt' " 9' V' X' Y' f' c' j' Yfg' -Z' bY[U'h] Yz' YbhYf' U' nYfc' \YfY''</p>	\$ _____
<p>; '' <ci' glb[z' ZccXz' UbX' ch\Yf' "]j]b[' U' ck' UbW' g' dU]X' hc' a' Ya' VYfg' cZ' h\Y' a']']h' f' n' z' WYf[n' z' UbX' ch\Yfg' f]bW' X]b[' VUg']' dUna Ybhg]UbX' VUg']' U' i' Y' cZ' VYbYZ]hg' " Don't include h\Y' j' U' i' Y' cZ' cb! VUg']' a']']h' f' m' l' ci' glb[' cf' h\Y' j' U' i' Y' cZ' U' VUg]W' a']']h' f' m' U' ck' UbW' Zcf' \ci' glb[" "</p>	\$ _____
<p><'' J' YhYf' Ubq' bcbYXi' Vh]cb' VYbYZ]hgz' g' V\ ' Ug' 8]g]U]]h' n' z' 8YU' h' dYbg]cbz' cf' 8YdYbXYbVhY' ' bX' Ya' b]h' m' 7ca' dYbg]h]cb' fB' -7' k' UbX' #cf' J' 5' 9Xi' Vh]cbU' ' K' cf' !' G'ri' X' m' U' ck' UbW' g'</p>	\$ _____
<p>='' Ch\Yf' i' bhUI' YX']bVta Y' bch' fYdcfhYX']b']hYa' g' () U' h' f' ci' [\ () \ z' g' V\ ' Ug' k' cf' Yfg' Vt' a' dYbg]h]cbz' X]g]U]]h' n' z' YhW' 5' gc']bW' XY' h\Y' i' bhUI' YX' dcfh]cbg' cZ' \YU' h' g]U]]b[g' U' Vt' i' bhg' Zfca ' FG: cfa' %\$(\$']' bY' &) " Don't include YI' hYbXYX' Zcg' Yf' WUfY' VYbYZ]hgz' g'ri' XYbh' U]Xz' YUfbYX']bVta Y' VYX]h' z' UXX]h]cbU' V\] X' hUI' VYX]h' z' k' Y' ZUfY' dUna Ybhg' z' i' bhUI' YX' GcVU' GYW' f]h' m' VYbYZ]hgz' G' dd' Ya' YbhU' GYW' f]h' m' bVta Yz' K' cf' ZcfV' -b] Yg' a' Ybh' 5Vh' YXi' Vh]cbU' VYbYZ]hgz' cb! VUg']' a']']h' f' m' l' ci' glb[' cf' U' a']']h' f' m' l' ci' glb[' U' ck' UbW' z' Vt' a' VU' h' dU' n' z' VYbYZ]hg' Zfca ' ZYI']V' Y' g' dYbX]b[' UffU' b] Ya' Ybhg' fY' [" z' VUZ]hYf]U' d' Ubq' z' ZcfY' [b']bVta Y' YI' W' g]cb' cf' VYX]h' Zcf' ZYXYFU' hUI' 'cb' g' dYVU' ' Z' Y' g'</p>	\$ _____
<p>>'' A' cbYm' fYW']j YXz' cf' dU]X' cb' n' ci' f' V\ \U' Z' fY' [" z' V']' g' z' bch' fYdcfhYX' Y' g' Yk' \YfY' cb' h\]g' Zfca ' "</p>	\$ _____
TOTAL: \$ _____	

Certification: All of the information on this form is true, complete, and accurate. I agree to provide proof of the information that I reported on this form if requested to do so by an authorized official.

Student'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