



FINANCIAL AID OFFICE

50 PHELAN AVENUE • SAN FRANCISCO, CA 94112 ☎ (415) 239-3575/3576 • Fax (415) 239-3917

2011 - 2012

MUST SUBMIT IN PERSON

VERIFICATION WORKSHEET DEPENDENT STUDENT'S FAMILY INFORMATION

DFI11

Name of Financial Aid Applicant			
Last Name	First	MI	Student ID

To receive financial aid, you must complete a process called Verification. Verification requires you to provide information and documents to your college Financial Aid Office. You may need to make corrections using your Student Aid Report, go to "Corrections on the web" or your college may send corrections electronically.

- A. Family Information:** List the people your parents will support between July 1, 2011 and June 30, 2012, Include:
- **Yourself and your parent(s)** (including stepparent) even if you do not live with your parents.
 - **Your parent(s) dependent children** even if they do not live with your parent(s) if your parents will provide more than half of their support from July 1, 2011 through June 30, 2012.
 - **Other people** only if they now live with your parents and your parents provide more than half of their support AND will continue to provide more than half their support from July 1, 2011 through June 30, 2012.

Write the names of all household members who meet the above criteria. Also, write in the name of the college for any household member, who will be attending college at least half-time between July 1, 2011 and June 30, 2012, (excluding your parent(s)) and will be enrolled in a degree, diploma or certificate program. If you need more space, attach a separate page.

FULL NAME	Age	Relationship	NAME OF COLLEGE (if half-time attendance or more during 2011-2012)
Student Name:		Self	City College of San Francisco

B. Signatures: By signing this worksheet, we certify that all the information reported to qualify for federal student aid is complete and correct. (At least one parent must sign.)

Signature of Applicant Date

Signature of Applicant's Father/Stepfather Date

Signature of Applicant's Mother/Stepmother Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.





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California Information Privacy Act

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance.

This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.