



# FINANCIAL AID OFFICE

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

## 2011-2012 VERIFICATION WORKSHEET INDEPENDENT STUDENT'S FAMILY INFORMATION

**MUST SUBMIT IN PERSON**

**IFI11**

<b>Name of Financial Aid Applicant</b>			
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 in your household, including:

- **Yourself and your spouse** (if married).
- **Your dependent children** if you will provide more than half of their support from July 1, 2011 through June 30, 2012.
- **Other people** as part of your household **only if** they now live with you and you provide more than half of their support **AND** you will continue to provide more than half their support from July 1, 2011 through June 30, 2012.

**Write the names of all household members. 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, 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)
<i>Student Name:</i>		<i>Self</i>	<b>City College of San Francisco</b>

### B. Signatures

#### 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.

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

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct. If married, spouse's signature is optional.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Spouse

\_\_\_\_\_  
Date

