

500 Parnassus Avenue, MU 201-West, San Francisco, CA 94143-0246 • Ph 415.476.4181 • Fx 415.476.6652 • https://finaid.ucsf.edu • finaid@ucsf.edu

2025 – 2026 Independent Student Verification Worksheet Tracking Group V4 – Custom Verification

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The financial aid administrator at your school must compare your FAFSA information with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. Verification must be completed before your financial aid can be finalized and before any federal aid may be disbursed to you. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. STUDENT INFORMATIO

Student's Last Name	Student's First Name	Student's M.I.	Student's UCSF ID Number
Student's Street Address	(include apt. no.)		Student's Date of Birth
City	State Z	ip Code	Student's Email Address
Student's Primary Phone	Number (include area code)	Alternate Phone Number, if applicable	

B. STUDENT'S HOUSEHOLD INFORMATION

List the people in your household below. Include:

Yourself (1 st row below).

Your spouse, if you are married.

Your children, if you or your spouse will provide more than half of their support from July 1, 2025, through June 30, 2026, even if they do not live with you.

Other people if they now live with you AND you provide more than half of their support AND will continue to provide more than half of their support through June 30, 2026.

For any household member who will be enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2025, and June 30, 2026, include the name of the college.

Full Name	Age	Relationship To Student	College to Attend in 2025-2026	Will be Enrolled at Least Half Time* (Yes or No)
Marty Jones(example)	28	Wife	Central University	Yes
		Student-Self	UCSF	

^{*}The school may require additional documentation to verify any household member's enrollment in an eligible postsecondary educational institution.

C. SUPPLEMENTAL NUTRUTION ASSISTANCE PROGRAM (SNAP) BENEFITS VERIFICATION

	Nutrition Assistance Program or SNA calendar year? SNAP may be known	you or a member of your household listed in Section B of this worksheet received benefits from the Supplemental rition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during the 2023 or 2024 and year? SNAP may be known by another name in some states. For assistance in determining the name used in a e, please call 1-800-4FED-AID (1-800-433-3243). The school may require documentation of the receipt of SNAP efits during 2023 and/or 2024.				
	☐ Yes ☐ No					
D.	. CHILD SUPPORT PAID					
	Complete this section if you or your s	pouse paid child support in c	calendar	year 2024.		
	below the names of the purport was paid, the na	persons who paid the child s	upport, t n for who	old, paid child support in 2024. I the names of the persons to wh om the child support was paid, h child.	nom the child	
	A copy of the separA statement from the	ne individual receiving the chi support payment checks, mo	decree to ild supp	cumentation such as: hat shows the amount of child solution ort certifying the amount of child ler receipts, or similar records of	d support received; or	
	Name of Person Who Paid Child Support Child Support			Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2024	
	Marty Jones(example)	Chris Smith		Terry Jones	\$6,000.00	
	waity Jones (example)			· · · · · · · · · · · · · · · · · · ·		
	waity Jones(example)					
	waity Jones(example)					
	waity Julies(example)					
		Total		t of Child Support Paid\$		
F	If more space is needed, attac	Total		t of Child Support Paid\$ r name and UCSF ID number a	at the top.	
E.·		Total th a separate page that include that all of	des you	• •	sleading	
E.·	If more space is needed, attace. CERTIFICATION & SIGNATURE Each person signing below certifies to the information reported is complete	Total th a separate page that include that all of and	des you	r name and UCSF ID number a	sleading	

F. IDENTITY AND STATEMENT OF EDUCATIONAL PRUPOSE VERIFICATION

Complete either Statement 1 (in person at UCSF Student Financial Aid Office) or Statement 2 (before a notary).

1. To Be Completed In Person at UCSF Student Financial Aid Office

You have been selected by the U.S. Department of Education to verify your identity and educational plans. You must appear in person at the UCSF Student Financial Aid Office and present an *unexpired* valid government-issued photo identification such as, but not limited to, a driver's license, other State-issued identification, or passport. UCSF is required to maintain an annotated copy of this piece of identification in your student file.

Sign the following Statement of Educational Purpose in the presence of a financial aid representative. Do <u>not</u> complete this page in advance.

Statement of Educational Purpose				
I certify that I, Statement of (Print Student's Name) Educational Purpose and that the Federal student financial ass purposes and to pay the cost of attending University of Californ				
Student's Signature	 Date			
Student's UCSF ID Number				
To Be Completed by Financial Aid Certifying Officer:				
Certifying Officer's Signature	Date			
Certifying Officer's Name	<u> </u>			

2. To Be Signed in the Presence of a Notary

You have been selected by the U.S. Department of Education to verify your identity and educational plans. If you are unable to appear in person at UCSF Student Financial Aid Office, you must provide:

- (a) A copy of an *unexpired* valid government–issued photo identification such as, but not limited to, a driver's license, other State-issued identification, or passport that is acknowledge in a notary statement or that is presented to a notary; <u>and</u>
- (b) The *original* Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Education Purpose was the document notarized.

Statement of Educational Purpose

I certify that I	am the individual signing this	
Statement of (Print Student's	Name)	
Educational Purpose and that the Federal stu	dent financial assistance I may receive will only be	
used for educational purposes and to pay the	cost of attending University of California, San	
Francisco, for 2025-26.		
Student's Signature	 Date	
Student's UCSF ID Number		
To Be Completed by Notary Public if Subn	itting by Mail:	
State of	City/County of	
On,	pefore me,	
Personally appear,	, and proved to me on basis of satisfactory evider	nce of
identification	to be the above r	named
person who signed the foregoing instrument.		
WITNESSED my hand and official seal		
(seal)		
	(Notary signature)	
	My commission expires on	

(Date)

Mail completed and signed documents to:

Student Financial Services Office University of California, San Francisco 500 Parnassus Avenue, MU-201W San Francisco, CA 94143-0246