

**2025– 2026
Independent Student Verification
Worksheet
Tracking Group V5–Aggregate 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 INFORMATION

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	Zip 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 (1st 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 at least half time 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 2025-26*	in	Will be Enrolled at Least Half Time* (Yes or No)
<i>Marty Jones(example)</i>	<i>28</i>	<i>Wife</i>	<i>Central University</i>		<i>Yes</i>
		<i>Student-Self</i>	<i>UCSF</i>		

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

C. SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS VERIFICATION

Did you or a member of your household listed in Section B of this worksheet received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during the 2023 or 2024 calendar year? SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243). The school may require documentation of the receipt of SNAP benefits during 2023and/or 2024.

Yes No

D. CHILD SUPPORT PAID

Complete this section if you or your spouse paid child support in calendar year 2024.

I, the student, or my spouse who is a member of my household, paid child support in 2024. I have indicated below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2024for each child.

If asked by the school, I will provide ay require additional documentation such as:

- i. A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- ii. A statement from the individual receiving the child support certifying the amount of child support received; or
- iii. Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2024
<i>Marty Jones(example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>
Total Amount of Child Support Paid\$			

If more space is needed, attach a separate page that includes your name and UCSF ID number at the top.

E. INCOME

Complete this section regarding your 2023 income.

Tax-Filers:

Adjusted Gross Income (AGI)

U.S. Income Tax Paid Education Credits

Untaxed portions of IRA distributions

Untaxed portions of Pensions

IRA deductions and payments

Tax-exempt Interest Income

Non-Tax-Filers:

Earned income from work Household size

F HIGH SCHOOL COMPLETION

Please select your high school completion status:

High School Diploma

GED

Please provide the following information regarding your high school:

Name of High School
Year of Graduation

Continue To Next Page

E. CERTIFICATION & SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct.

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

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

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 not complete this page in advance.

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 student 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 Financial Aid Certifying Officer:

Certifying Officer's Signature

Date

Certifying Officer's Name

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**