



California State University, Sacramento  
 Student Service Center  
 Financial Aid & Scholarships Office  
 Lassen Hall  
 6000 J Street, Sacramento, CA 95819-6044  
 Phone: (916) 278-1000

Print Name: \_\_\_\_\_

Sac State ID #:

**PARENTS MEANS OF SUPPORT VERIFICATION**

The income reported on your student's 2023-2024 Financial Aid Application appears to be insufficient to support your household. To verify your means of support, answer all of the questions in the four (4) sections that follow. **If a question does not apply, use 0 (zero) or N/A.** Do not leave any of the questions blank.

**SECTION 1**

Benefits Received	Name of Person(s) Who Received Benefits
Medicaid/Medi-Cal	
Supplemental Security Income (SSI)	
Supplemental Nutrition Assistance Program (SNAP)	
Free or Reduced Price School Lunch	
Temporary Assistance for Needy Families (TANF)	
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	

**SECTION 2**

Money Received or Paid on Your or Your Family's Behalf	Annual Amount For 2021
List any money received or paid on your or your family's behalf by someone else. Enter the total amount of cash support received in 2021. If someone was paying the family's rent, utility bills, gave you cash or gift cards, include the amount of that person's contributions. Also, include distributions to you (for your student) from a 529 Plan that is owned by someone other than you or your spouse (grandparents, aunts, uncles, non-custodial parents or friends).	\$

**SECTION 3**

Additional Information	
To understand your family's financial situation, provide annual amounts from any other resources or benefits received by you or members of your household, such as federal veteran's education benefits, military housing, Financial Aid, subsidized housing programs, etc. These may include items that are not required to be reported on the Financial Aid Application or on other forms submitted to our office.	
Financial Support/Benefits/Financial Aid Received in 2021	Annual Amount For 2021
	\$
	\$
	\$

Once completed upload financial aid documents at  
<https://onbaseform.csus.edu/obforms/eforms/STDAF/DocumentSubmission/finaidupload.aspx>



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**PARENTS MEANS OF SUPPORT VERIFICATION CONTINUED**

**SECTION 4**

**Other Information**

If you did not receive any of the benefits listed in the three (3) sections on the front of this form, you must provide a **detailed description** as to how you and your family survived 2021 with very low to no income as reported on the Financial Aid Application along with no other benefits received as reported.

Family Expense	Explain how the expense was paid for
Housing (rent or mortgage payment)	
Food	
Transportation (car payments, gas, maintenance)	
Utilities (phone, gas, electricity)	
Insurance (home/auto)	
Clothing	
Medical and Dental	
Child Care	

**Additional explanation on how expenses were paid for:**


**Certification Statement**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the financial aid application must sign and date. (Typed signature is not acceptable)

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

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