



FINANCIAL AID OFFICE
1000 East Victoria Street, WHB250
Carson, California 90747
PHONE: (310) 243-3691

CSUDH ID: _____ Today's Date: _____

Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents. REMINDER: When uploading your documents to the DropBox, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: _____
Enter Last Name, First Name, MI

Toro Email Address: _____

Phone Number: _____
(Area Code) (i.e. 222-1234)

Be sure to include your CSUDH student ID number on the front and back of each page submitted and allow 24-48 hours for your To Do List to be updated.

Submission Instructions

In the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid Office. Forms that are incomplete will remain on your To-Do list in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. In the signature area, type your name and in the date space type today's date.
2. Save your document. Name your document with your Initials and CSUDH ID #
3. If you have attachments, please have them ready to upload to the DropBox
4. Return to the Financial Aid Forms section to the "Submit My Documents link"
5. Once all documents have been submitted, be sure to close your browser.



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Student's Name: _____ CSUDH ID#: _____

2021-2022 Income & Expense Worksheet

Please answer each question and submit the completed form electronically to the Financial Aid Dropbox at csudh.edu/financial-aid/forms/.

Please check one: Student Information Parent Information

1. Answer each of the following questions based on expenses for calendar year 2019:

- Did you receive free housing from a friend or relative? Yes No
- Did you receive military housing? Yes No
- Did you receive food/groceries from a friend or relative? Yes No
- Did you receive free childcare from a friend or relative? Yes No

2. 2019 Income Summary

List all sources of financial support received in calendar year 2019 to show how you were able to meet your basic living expenses (i.e., earnings from work, financial support from others, Veterans benefits, TANF, financial aid, social security, etc.).

Source (Name of employer, person, agency, etc.)	Type (Work, benefits, family assistance, financial aid, etc.)	Total Amount Received in 2019 (Please specify if amount listed is per month or per year)

3. 2019 Expense Summary

List all expenses for calendar year 2019. If few or no expenses listed, an explanation **IS REQUIRED**.

2019 Expenses	2019 Total
Rent or mortgage payment	\$
Utilities	\$
Groceries and/or transportation	\$
Other (specify)	\$
Total Expenses	\$

Please provide any clarifying comments regarding your situation that will help with our review. If you listed \$0 in total expenses and/or \$0 in total income, you are **REQUIRED** to provide a typed signed statement (include your name and student ID number).

CERTIFICATION AND SIGNATURE

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 Free Application for Federal Student Aid or California Dream Act Application must sign and date.

WARNING: Per the U.S. Department of Education and the State of California, if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student's Signature: _____ Date: _____

Parent's Signature (if applicable): _____ Parent's Printed Name: _____