UNIVERSITY OF CALIFORNIA, DAVIS

BERKELEY  DAVIS  IRVINE  LOS ANGELES  MERCED  RIVERSIDE  SAN DIEGO  SAN FRANCISCO SANTA BARBARA  SANTA CRUZ

MCNAIR SCHOLARS PROGRAM ONE SHIELDS AVENUE

2300 STUDENT COMMUNITY CENTER DAVIS, CALIFORNIA 95616-8515

Verification of Income

**Dependent Students** (required to submit parents’ information on FAFSA)

Choose one method for verification of income. Your application will not be reviewed without verification.

* Parent/legal guardian signature (below). Fill form below, no additional documents needed.
* A signed US or Puerto Rico tax return
* A signed copy of your FAFSA application including all financial information

Please have your parent/legal guardian fill out and sign this portion to verify your income. If this is not possible, choose another verification method from the list above.

I (full name) , declare that I am the parent or legal guardian of (applicant) \_ .

* I did not file a tax return in 2024 or 2025 because my earned income was: $ . There are people living in my household (including myself).
* I filed a tax return in 2024 or 2025. My **taxable income (1040EZ – Line 6; 1040A - Line 27; 1040 - line 43)** was: $ . The total number of people (exemptions) living in my household (including myself) is:

I confirm that the above information is true and accurate to the best of my knowledge. Parent/legal guardian’s signature (if applicable): \_

Date:

Printed Name:

06/2017