

**SONOMA STATE UNIVERSITY  
UPWARD BOUND PROGRAMS  
INCOME VERIFICATION FORM**

**APPLYING TO:**     **UB Clear Lake**     **UB Fort Bragg**     **UB Lower Lake**     **UB North**  
                          **UB Math Science**     **UB Piner**     **UB Sonoma County**     **UB Upper Lake**

Student's Name: \_\_\_\_\_

I, \_\_\_\_\_, am the parent/guardian financially responsible for the applicant.  
*(Parent's Name)*

**Please fill out Box A (if you filed 2021 taxes) or Box B (if you did not file 2021 taxes).**

**A**

**If you filed a 1040 for 2021:**

Enter amount from **Line 15**

\$ \_\_\_\_\_

Total number of dependents listed (including self) on tax form: \_\_\_\_\_

**B**

**If you did not file a 1040 for 2021:**

List your estimated income    \$ \_\_\_\_\_

I supported \_\_\_\_\_ persons (including self and dependents) in the household during this period.

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date