

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

APPLYING TO: **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 2019 taxes) or Box B (if you did not file 2019 taxes).

A

If you filed a 1040 for 2019:

Enter amount from **Line 11b**

\$ _____

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

B

If you did not file a 1040 for 2019:

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