

**SAN BERNARDINO VALLEY COLLEGE  
FINANCIAL AID OFFICE**

**VERIFICATION OF DEPENDENT CARE EXPENSES**

You indicated on your 2003-2004 Free Application for Federal Student Aid (FAFSA) that you either have children or legal dependents other than a spouse. As a result, we are requesting that you answer the following statement in order to maximize your eligibility for federal financial aid purposes. ***Please be aware that your financial aid file is not considered complete until you complete and submit this form.***

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

From January 1, 2002 through December 31, 2002, I had at least \$350 in dependent care expenses. (Please choose only one response)

YES

NO

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Signature

Date

**\*\* Return this form to the SBVC Financial Aid Office \*\***

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