

**SAN BERNARDINO VALLEY COLLEGE
FINANCIAL AID OFFICE**

VERIFICATION OF DEPENDENT CARE EXPENSES

You indicated on your 2004-2005 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, 2003 through December 31, 2003, I had at least \$350 in dependent care expenses. (Please choose only one response)

YES

NO

Signature

Date

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

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