

FINANCIAL AID OFFICE
AGENCY CERTIFICATION -- UNTAXED INCOME VERIFICATION

Student's Name: _____ SSN: _____
Last First Middle

INSTRUCTIONS: Section A must be completed by *the person whose name appears on the case* before submitting the form to their caseworker. A separate Untaxed Income Verification form must be completed for **each** case and type of untaxed income. Below, check the type of assistance received (such as TANF/CalWORKs, SSI, General Relief). Section B must be completed by the caseworker of the agency providing benefits. If any part of this form is left blank, it will not be accepted.

SECTION A: TO BE COMPLETED BY THE PERSON RECEIVING THE BENEFIT

I authorize the appropriate office/agency to provide the information requested by the Financial Aid Office at San Bernardino Valley College for the benefit indicated below.

RECIPIENT-Case name under which benefits are paid (**please print**) _____ Case Number _____

Relationship of Recipient to student _____

Signature of RECIPIENT _____ Social Security Number of RECIPIENT _____

- | | | |
|-------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> TANF/CalWorks | <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Federal/State Disability Benefits |
| <input type="checkbox"/> General Relief | <input type="checkbox"/> Veteran's Contributory Benefits | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Pension Benefits | <input type="checkbox"/> Refugee Cash Assistance |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Housing Authority (HUD) | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> GAIN | <input type="checkbox"/> Other _____ | |

SECTION B: TO BE COMPLETED BY THE AGENCY PROVIDING THE BENEFIT

Federal and State regulations relative to student financial aid **require** coordination and verification of all family financial resources. The information provided below will be used only to determine financial aid eligibility and will be kept confidential by the Financial Aid Office at San Bernardino Valley College pursuant to Sections 76200-76246 of the California Education Code and the 1974 Family Education Rights and Privacy Act.

The person named above in Section A received/receives no assistance from this agency.
 No Record Not Eligible (*Reason*) _____

<input type="checkbox"/> The person named above in Section A received cash benefits as follows:	2003 Total Cash Recv'd 1/1/03 - 12/31/03	<i>Current</i> Monthly Amount
• Type of Benefit _____	\$ _____	\$ _____
Benefits began _____ Month/Year		
• Type of Benefit _____	\$ _____	\$ _____
Benefits began _____ Month/Year		

Agency Representative (PLEASE PRINT FULL NAME) _____

Title/Official Position _____

Signature of Agency Representative _____

Date _____ Telephone Number (____) _____

AGENCY
STAMP
REQUIRED