FINANCIAL AID OFFICE AGENCY CERTIFICATION -- UNTAXED INCOME VERIFICATION

Student's Name:			SSN:	
Last	First	Middle		
INSTRUCTIONS: Section A must be contour to their caseworker. A <u>separate</u> Untaxed Inc Below, check the type of assistance receive caseworker of the agency providing benefit	come Verification form I d (such as TANF/CalWC	must be completed fo DRKs,SSI, General Re	r each case and lief). Section B m	type of untaxed income. ust be completed by the
SECTION A: TO BE CO	MPLETED BY THE	PERSON RECE	IVING THE B	ENEFIT
I authorize the appropriate office/agency to College for the benefit indicated below.	provide the information	n requested by the Fir	nancial Aid Office	at San Bernardino Valley
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	
[_] TANF/CalWorks	J Veteran's Benefits J Veteran's Contributo Pension Benefits Housing Authority (I Other	ory Benefits [_] [_] HUD) [_]	Federal/State Dis Vocational Rehal Refugee Cash As Unemployment E	oilitation ssistance
SECTION B: TO BE CO	MPLETED BY THE	E AGENCY PROV	/IDING THE E	BENEFIT
Federal and State regulations relative to student financ will be used only to determine financial aid eligibility ar 76200-76246 of the California Education Code and th	ial aid require coordination <i>a</i> nd will be kept confidential by e 1974 Family Education Ric	and verification of all family the Financial Aid Office at thts and Privacy Act.	financial resources. TI San Bernardino Valle	ne information provided below y College pursuant to Sections
[_] The person named above in Section A		assistance from this	agency.	_
[_] The person named above in Section A	received cash benefits		tal Cash Recv'd 4 - 12/31/04	<i>Current</i> Monthly Amount
Type of Benefit		\$		\$
Benefits began	th/Year			
Type of Benefit		\$		\$
Benefits began	th/Voar			
	rear			
Agency Representative (PLEASE PRINT FULL NAME)		- AGENCY STAMP		
Title/Official Position		- 	REQUIR	
Signature of Agency Representative		-		
Date (_		