

Student's Name: Last First Middle

ID#:
SSN: XXX-XX-

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.

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.

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

- TANF/CalWorks
General Relief
Social Security Benefits
Supplemental Security Income
GAIN
Veteran's Benefits
Veteran's Contributory Benefits
Pension Benefits
Housing Authority (HUD)
Other
Federal/State Disability Benefits
Vocational Rehabilitation
Refugee Cash Assistance
Unemployment Benefits

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

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

The person named above in Section A received cash benefits as follows:
2005 Total Cash Recv'd
1/1/05 - 12/31/05
Current Monthly Amount

Type of Benefit
Benefits began
Month/Year

Type of Benefit
Benefits began
Month/Year

Is change or termination of benefit(s) anticipated during the year?
If yes, explain change or give date of information:

Is an allowance provided to cover fees, transportation, books, and supplies?
Itemize allowance(s) and give amount(s):

Agency Representative (PLEASE PRINT FULL NAME)

Title/Official Position

Signature of Agency Representative

Date Telephone Number

AGENCY
STAMP
REQUIRED