

San Bernardino Valley College

Financial Aid Office

STATEMENT OF FACT

2009-2010

Name: _____
Last First Middle

SSN: XXX-XX-_____

ID#:_____

Certification:

I (WE) HEREBY SWEAR OR AFFIRM THAT THE INFORMATION REPORTED ON THIS FORM AND ANY ATTACHMENTS HERETO IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE. I (WE) UNDERSTAND THAT ANY FALSE STATEMENTS OR MISREPRESENTATION WILL BE CAUSE FOR DENIAL, REDUCTION, WITHDRAWAL, AND/OR REPAYMENT OF FINANCIAL AID, AND MAY SUBJECT THE FILER(S) TO A FINE OR IMPRISONMENT, OR BOTH, UNDER THE PROVISIONS OF THE UNITED STATES CRIMINAL CODE.

Signature

Date