

Return to: San Bernardino Valley College Financial Aid Office
701 S. Mt. Vernon Avenue, San Bernardino, CA 92410

Name of Financial Aid Applicant (Please print)

Last First MI

XXX- XX-
Last 4 digits of Social Security # Student ID # Phone Number

**Income and Expenses For 2009
Dependent Student**

The income information your parent(s) reported on the FAFSA was blank, unusually low, or was reported as a negative amount on the tax form. Please complete the worksheet below for clarification:

Did your parent(s) file a 2009 federal income tax return? YES NO If "yes", attach a complete copy of the 2009 Tax Return with all schedules, W2s and 1099s.

Did you file a 2009 federal income tax return? YES NO If "yes", attach a complete copy of the 2009 Tax Return with all schedules, W2s and 1099s.

- Did someone else such as a friend or relative support you or your parent(s), or provide free room and board in 2009?
 YES NO **If "yes", you must complete the questions on the back of this form.**
- If you and your parents were living in another country in 2009, which country? _____
How much money did your parent(s) earn in the country you lived in during 2009? \$_____ How much did you earn? \$_____. Please convert foreign income to US Dollars.
- If your parent(s) reported \$0 income or very low income in 2009, and no one else was supporting them, how did they pay their expenses?

_____ Or if the family income was less than the family expenses, provide an explanation of how the expenses were paid. Use a separate statement if necessary.

STUDENT'S 2009 INCOME		PARENT(S) 2009 EXPENSES		MONTHLY
Income earned by student, paid cash or check	\$_____ .00	Rent or Mortgage		\$_____ .00
Untaxed income and benefits for student	\$_____ .00	Property Taxes/Mortgage insurance		\$_____ .00
Financial Aid received in 2009	\$_____ .00	Utilities and phones		\$_____ .00
<hr/>		Food and household products		\$_____ .00
PARENT(S) 2009 INCOME		Car Payment/Registration Fee		\$_____ .00
Income earned by father, paid cash or check	\$_____ .00	Car Insurance and maintenance		\$_____ .00
Income earned by mother, paid cash or check	\$_____ .00	Gasoline or other Transportation		\$_____ .00
Veterans benefits	\$_____ .00	Clothing		\$_____ .00
Social Security benefits	\$_____ .00	Medical Insurance		\$_____ .00
Welfare/TANF/CalWORKs/GR	\$_____ .00	Doctors, Dentists, Prescriptions		\$_____ .00
Food Stamps	\$_____ .00	Child Care		\$_____ .00
Child support received	\$_____ .00	Child support paid		\$_____ .00
Spousal support received	\$_____ .00	Miscellaneous/Personal expenses		\$_____ .00
Workman's Compensation	\$_____ .00	Credit Card payments		\$_____ .00
Unemployment benefits	\$_____ .00	Loan payments		\$_____ .00
Disability benefits	\$_____ .00	Entertainment		\$_____ .00
Retirement/Pension Income	\$_____ .00	Other		\$_____ .00
Investment Income	\$_____ .00	TOTAL MONTHLY AMOUNT		\$_____ .00
Other Income	\$_____ .00	TOTAL PARENT(S) EXPENSES IN 2009		\$_____ .00
TOTAL PARENT(S) INCOME IN 2009	\$_____ .00	(Monthly amt. x 12 months)		

I/WE HEREBY CERTIFY that to the best of our knowledge, all of the information provided is true and complete. We understand that false statements or misrepresentations will be cause for denial or repayment of financial aid.

Father/Stepfather Signature Date Mother/Stepmother Signature Date Student Signature Date

FOR OFFICE USE ONLY: Parent(s) income not reported as Adjusted Gross Income on the 2009 federal tax return, but used to pay expenses, will be

considered untaxed income for financial aid purposes. I am making a correction to the FAFSA income information which will recalculate the Expected Family Contribution.

Staff _____ Date _____