

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

**Income and Expenses For 2009**

**Independent Student**

Name of Financial Aid Applicant (Please print)		
_____ Last	_____ First	_____ MI
_____ Last 4 digits of Social Security #	_____ Student ID#	_____ Phone Number

The income information you reported on the FAFSA application was blank, unusually low or the AGI was reported as negative income. Please complete the worksheet below for clarification:

Did you (and your spouse) file a 2009 Federal Tax Return?  YES  NO If "yes", attach a complete copy of the Federal Tax Return including all schedules, W2s and 1099s.

1. Was your income low in 2009 because you were incarcerated?  YES  NO If yes, for how many months? \_\_\_\_\_
2. Were you living in another country in 2009?  YES  NO Country \_\_\_\_\_ How much did you earn? \$ \_\_\_\_\_  
Please convert foreign income to US Dollars.
3. Did someone else, such as a parent, a friend, a relative or organization support you or provide you with free room and board in 2009?  YES  NO If "yes", you must complete the questions on the back of this form.
4. If your income was less than your expenses, please provide an explanation of how your living expenses were paid. Use a separate statement if necessary. \_\_\_\_\_

STUDENT/SPOUSE 2009 INCOME		STUDENT/SPOUSE 2009 EXPENSES		Monthly
Income <u>earned</u> by student, (cash or check)	\$_____ .00	Rent or Mortgage	\$_____ .00	
Income <u>earned</u> by spouse, (cash or check)	\$_____ .00	Property Taxes/ Insurance	\$_____ .00	
Adjusted Gross Income (from 1040 form)	\$_____ .00	Utilities and phones	\$_____ .00	
Veterans benefits	\$_____ .00	Food and household products	\$_____ .00	
Social Security benefits	\$_____ .00	Car Payment/Registration Fee	\$_____ .00	
Welfare/TANF/CalWORKs/GR	\$_____ .00	Car Insurance and maintenance	\$_____ .00	
Food Stamps	\$_____ .00	Gasoline or other Transportation	\$_____ .00	
Child support received	\$_____ .00	Clothing	\$_____ .00	
Spousal support received	\$_____ .00	Medical Insurance	\$_____ .00	
Workman's Compensation	\$_____ .00	Doctors, Dentists, Prescriptions	\$_____ .00	
Unemployment benefits	\$_____ .00	Child Care	\$_____ .00	
Disability benefits	\$_____ .00	Child support paid	\$_____ .00	
Retirement/Pension Income	\$_____ .00	Miscellaneous and personal expenses	\$_____ .00	
Investment Income	\$_____ .00	Credit Card payments	\$_____ .00	
Other Income (include loans)	\$_____ .00	Loan payments	\$_____ .00	
From Parents	\$_____ .00	Entertainment	\$_____ .00	
<b>TOTAL INCOME RECEIVED IN 2009</b>	<b>\$_____ .00</b>	Other	\$_____ .00	
<b>TOTAL FINANCIAL AID RECEIVED IN 2009</b>	<b>\$_____ .00</b>	<b>TOTAL EXPENSES IN 2009</b>	<b>\$_____ .00</b>	
		(Monthly amt. X 12 months)		

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

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:** The students (and spouses) income not reported as Adjusted Gross Income on the 2009 federal tax form, 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 \_\_\_\_\_