

RETURN TO:
FINANCIAL AID OFFICE
DIABLO VALLEY COLLEGE
321 GOLF CLUB ROAD
PLEASANT HILL, CA 94523

Name of Financial Aid Applicant <i>(Please print)</i>		
_____	_____	_____
Last	First	Middle
Student Identity Number: _____		

2008 PARENT'S INCOME CERTIFICATION

A REVIEW OF YOUR STUDENT'S 2009-2010 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) INDICATES THAT YOUR TOTAL INCOME FROM ALL SOURCES FOR 2008 APPEARS TO BE UNUSUALLY LOW. THEREFORE ADDITIONAL INFORMATION IS REQUIRED BEFORE THE FINANCIAL AID OFFICE CAN DETERMINE YOUR STUDENT'S ELIGIBILITY FOR STUDENT AID. **You need to fill out the items below and sign the form indicating that you acknowledge that what you have written is true and correct.**

1. DID YOU LIVE IN ANOTHER COUNTRY IN 2008?

- NO
- YES — WHAT COUNTRY? _____
LIST THE DATE YOU IMMIGRATED TO THE UNITED STATES? ____/____/____

2. DID YOU EARN INCOME IN YOUR HOME COUNTRY IN 2008?

- NO
- YES — HOW MUCH? \$ _____ (CONVERT THE TOTAL AMOUNT FOR 2008 IN U.S. DOLLARS)

3. *WHETHER OR NOT YOU LIVED IN THE U.S. OR IN ANOTHER COUNTRY*, DID YOU LIVE WITH A RELATIVE OR SOMEONE ELSE WHO PROVIDED YOU WITH FREE ROOM AND BOARD OR OTHER SUPPORT IN 2008? IF YES, PLEASE COMPLETE LINE # 5 ON THE REVERSE SIDE OF THIS FORM.

- NO
- YES** — NAME: _____ RELATIONSHIP: _____

4. PLEASE EXPLAIN HOW PARENTS' EXPENSES WERE MET: *(YOU MAY ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED.)*

****DEFINITION OF SUPPORT:** *Support includes money, housing, food, clothing, car payments or expenses, medical and dental care, and college costs paid for on your behalf. Example: If a friend or relative gave you money, paid your electric bill, part of your rent or mortgage, you must report those payments as **money received or paid on your behalf as Untaxed Income for 2008 on the FAFSA.***

5. PLEASE COMPLETE THE TABLE BELOW TO ASSIST YOU IN DETERMINING HOW MUCH MONEY YOU RECEIVED OR WAS PAID ON YOUR BEHALF IN 2008.

TYPE OF EXPENSE	SUPPORT FOR 2008
HOUSING (rent, mortgage)	\$
UTILITIES	\$
AUTO (CAR PAYMENTS, INSURANCE, MAINTENANCE)	\$
CHILD CARE	\$
MEDICAL/DENTAL	\$
OTHER PERSONAL EXPENSES (CLOTHING, GROCERIES, ETC.)	\$
TOTAL	\$

Please report the total above on Q95 of the FAFSA as stated in the definition of support (see box above).

PARENT CERTIFICATION OF FACTS

I DECLARE, UNDER THE PENALTY OF PERJURY, THAT THE INFORMATION REPORTED TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT, AND COMPLETE.

BY SIGNING THIS DOCUMENT, I CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. I UNDERSTAND THAT IF THIS DOCUMENT IS INCOMPLETE, MY STUDENT'S AID WILL BE DELAYED.

PRINT NAME

PARENT SIGNATURE

DATE