

2017-2018

RETURN TO:
San Bernardino Valley College
Financial Aid Office
701 S. Mount Vernon Ave.
ADSS 106
San Bernardino, CA 92410

Name of Financial Aid Applicant (Please print)		
_____	_____	_____
Last	First	Middle
Student ID Number: _____		

2015 STUDENT'S INCOME CERTIFICATION

<input type="checkbox"/> Attached is a copy of my/our 2015 IRS Tax Return Transcripts.	<input type="checkbox"/> I/We did not file, and are not required to file, a 2015 federal income tax return.
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List below all of the sources and amounts of money received from January 1, 2015 through December 31, 2015. Include untaxed income (e.g., CalWORKs, SSI, Military Living Allowance, disability income) and earnings or income not reported on a federal or state income tax return (e.g., unemployment income if tax return not filed). **You must attach to this form a 2015 IRS Wage and Income Transcript and a 2015 Verification of Non-filing Letter (dated on or after 10/01/2016), obtained from the IRS. If you are not eligible to receive W-2's, you will need to provide a signed statement explaining the reason the form is not available and listing the amount and sources of income earned from work.**

Source of Money	Annual Amount January 2015 – December 2015
	\$
	\$
	\$
Total	\$

Explain special circumstances (if any) concerning your financial situation (you may attach a separate sheet if additional space is needed):

Each person signing below certifies that all of the information reported is complete and correct. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**
Signatures are required for all persons reporting income above.

Signature of Student

Date

Name (Please print)

Signature of Spouse

Date

Name (Please print)

California Information Privacy Act
State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Failure to provide such information will delay and may even prevent your receipt of financial assistance.
This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.

