

RETURN TO:

Gavilan College
Financial Aid Office
5055 Santa Teresa Blvd.
Gilroy, CA 95020

Telephone: 408-848-4727
Fax: 408-848-4752
www.gavilan.edu/finaid/

2008-2009

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

2007 STUDENT'S (SPOUSE) INCOME CERTIFICATION

Attached is a signed photocopy of my/our 2007 federal income tax return, including all schedules and attachments.	I/We did not file, and are not required to file, a 2007 federal income tax return.
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List below all of the sources and amounts of money received from January 1, 2007 through December 31, 2007. Include untaxed income (e.g., AFDC/TANF/CalWORKs, SSI, Military Living Allowance, disability) and earnings or income not reported on a federal or state income tax return (e.g., unemployment income if a tax return was not filed).

Source of Money	Annual Amount January 2007 – December 2007
	\$
	\$
	\$
	\$
Total	\$

If you claim to be a self-supporting student and if your income was not sufficient to pay rent, food, and other expenses, explain how your expenses were met: *(You may attach a separate sheet if additional space is needed.)*

I/We hereby certify that all information reported on this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Signatures are required for all persons reporting income above.

Signature of Applicant

Date

Signature of Applicant's Spouse

Date

Name of Applicant's Spouse *(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. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. 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 is used to verify your identity under the record keeping systems established prior to January 1, 1975, pursuant to the authority of the Chancellor's Office and the California Community Colleges contained in Title 5, California Administrative Code Section 41201. 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.