

RETURN TO:

Santa Ana College
1530 W. 17th St.
Santa Ana Ca, 92706
714-564-6242

Name of Financial Aid Applicant *(Please print)*

Last First Middle

Student ID: _____

DEPENDENT CARE VERIFICATION FORM

I certify that I pay \$ _____ monthly/weekly *(circle one)* for _____ hours to
_____ for dependent care
(name of dependent care facility/child care agency/baby-sitter)

services rendered for the following _____ dependents _____
(number) (names and ages of dependents)

I hereby authorize the financial aid office to verify the above information:

Student's Signature

Date

TO BE COMPLETED BY DEPENDENT CARE FACILITY/CHILD CARE AGENCY/BABY-SITTER

I certify that the above reported charges are correct (or see my comments below).

Agency/Baby-sitter (type or print) Number and Street Address

City State Zip () Area Code/Telephone Number

Signature: Agency Representative/Baby-sitter Date

Dependent Care Facility/Child Care Agency/Baby-sitter Comments

