Financial Aid Office
7250 Mesa College Drive
San Diego, CA 92111
Phone: (619) 388-2817
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Financial Aid Office Hours
FALL & SPRING SEMESTERS
M - TH 8:00 - 6:00
F 8:00 - 12:00
SUMMER SESSIONS
M - TH 7:30 - 6:00
F *CLOSED*

2009/2010 INCOME EXCLUSION CERTIFICATION

NAME:_____ CSID: _____

On your application for financial aid for the 2009-20010 academic year, you reported that either you, your spouse, and/or your parents, had income in 2008 that appears on the worksheet below (Questions 46 and/or 94 on the FAFSA).

At this time we need to verify these figures. Please complete the worksheet below, which is a duplicate of the "Additional Financial Information" worksheet given in the FAFSA, showing how you arrived at the amount given on line(s) 46 and/or 94 of the FAFSA. Please provide the 2008 ***ANNUAL*** total(s) for each income area.

Parents (Q94)	2008 Additional Financial Information	Student/Spouse (Q46)
$	**a.** Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040—line 50 or 1040A—line 31.	$
$	**b.** Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your (or your parents') household, as reported in question 96 (or question 75 for your parents).	$
$	**c.** Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	$
$	**d.** Grant and scholarship aid reported to the IRS in the adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	$
$	**e.** Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	$
$	**TOTAL**	**$**

_____ _____

Parent Signature Date Student Signature Date

Please note: Parent's signature is required for all dependent students.