Name of Financial Aid Applicant (Please Print)

_____			_____-_____-_____
Last	First	Middle	Social Security Number/ Student Identification Number

SUPPLEMENTAL RESOURCE INFORMATION 2010-2011

If you claim to be a self-supporting student and your income was not sufficient to pay for rent, food, and other expenses, or are a dependent student and your parent's income was not sufficient to pay for rent, food, and other expenses explain below how your expenses were met.

My signature below certifies that all information reported above is true, complete and accurate. I understand false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student's Signature Date

Parent's Signature Date

Taft College
29 Emmons Park Drive
Taft CA 93268 Ph # 661-763-7762 Fax # 661-763-7892