

**DINÉ COLLEGE  
FINANCIAL AID AND SCHOLARSHIPS OFFICE**

**VERIFICATION OF 2009 UNTAXED INCOME**

TO WHOM MAY CONCERN:

Student: \_\_\_\_\_, is an applicant for Federal Financial Aid fund at Diné College. Federal Regulation requires this office to obtain verification of all untaxed income received by the applicant and his/her family during the 2009 calendar year. This information is used to determine eligibility and will be kept strictly confidential. Thank you for your cooperation.

\_\_\_\_\_  
FINANCIAL AID OFFICER  
Diné College  
PO Box 580  
Shiprock, New Mexico 87420

\_\_\_\_\_  
FINANCIAL AID OFFICER  
Diné College  
PO Box 97  
Tsaile, Arizona 86556

Type of Assistance:  General Assistance  Social Security/SSI Benefits  Unemployment

Self Employment  T.A.N.F  Retirement  Cash Support (Support includes money, gifts, and loans, plus housing, food, clothing, car payments or expenses, medical and dental care, and college costs paid for on the student's behalf)

Other(s): \_\_\_\_\_

Please list names of all household members funded by this agency (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Please provide Monthly Amount:

01/09 _____	05/09 _____	09/09 _____
02/09 _____	06/09 _____	10/09 _____
03/09 _____	07/09 _____	11/09 _____
04/09 _____	08/09 _____	12/09 _____

TOTAL: \$ \_\_\_\_\_

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Signature                      Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Telephone Number