

**Return To: Palo Verde College  
One College Drive  
Blythe, CA 92225**

**DEPENDENT CARE VERIFICATION FORM  
2016-2017**

<b>Name of Financial Aid Applicant (Please Print)</b>		
<hr/>		
Last	First	M.I.
<b>Social Security Number</b> _____ - _____ - _____		

I certify that I pay child care for \_\_\_\_\_ dependents.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**