

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

**DEPENDENT CARE VERIFICATION FORM
2015-2016**

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

I certify that I pay child care for _____ dependents.

Student's Signature

Date