



### Affidavit of Support 2009 - 2010

Student \_\_\_\_\_ Valley ID # V \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your verification documents have been received and reviewed by the Financial Aid Office. We need additional information to complete your file. Please print your name and Valley ID number on the top of all documents you submit.

### Independent Students

**Section I - Please complete this section if you (student) will be supported by another person.**

\_\_\_\_\_ **To be completed by the person providing support for the student**

I certify that this student \_\_\_\_\_ **currently** lives with me and now gets more than half (51%) of his/her support from me and that I **will continue** to provide this support between July 1, 2009 and June 30, 2010.

Provider Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

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

**Section II - Please complete this section if you have a dependent (other than your children or spouse) who lives with you and who will receive more than half of their support from you, now and through June 30, 2010.**

\_\_\_\_\_ **To be completed by the KVCC student who will provide support for a dependent(s), other than his or her children or spouse.**

I certify that \_\_\_\_\_ **currently** lives with me and that I provide more than half (51%) of his/her/their support and that I **will continue** to provide this support between July 1, 2009 and through June 30, 2010.

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

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

Your file will be reviewed again when the above items are received. If corrections are needed the file will be reprocessed electronically. It will be approximately 7 to 10 work days before we receive your corrections electronically. Please contact the Financial Aid Office if you have further questions.

**Refer to Back Side for Dependent Students**

**Dependent Students**

**Section III** – Parent completes this section if they have a dependent (other than their children or spouse) who lives with them and who they will provide more than half of their support, now and through June 30, 2010.

\_\_\_\_\_ **To be completed by the dependent student’s parent who will provide support for a dependent(s), other than his or her children or spouse.**

I certify that \_\_\_\_\_ **currently** lives with me and that I provide more than half (51%) of his/her/their support and that I **will continue** to provide this support between July 1, 2009 and through June 30, 2010.

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

Signature of Dependent Who is Being Supported by Parent \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

We encourage you to become familiar with KVCC’s Valley Information Portal (VIP) system. This will enable you to check your financial aid information periodically through VIP for any changes to your financial aid eligibility.

**Kalamazoo Valley Community College**  
Financial Aid Office — Texas Township Campus — Room 4530 — 6767 West O Avenue  
P.O. Box 4070 — Kalamazoo, MI 49003-4070 — Phone: 269-488-4340 — Fax: 269-488-4120  
E-mail address: [finaid@kvcc.edu](mailto:finaid@kvcc.edu) — Web site: [www.kvcc.edu](http://www.kvcc.edu)