

Name: \_\_\_\_\_ ID: \_\_\_\_\_

**2009-10 Supplemental Security Income Confirmation Form (Parent)**

**Instructions to Parent:** You indicated on the FAFSA that you or one of the people considered to be in your household for financial aid purposes received Supplemental Security Income (SSI) benefits in 2007 or 2008. If this is correct, you must provide documentation of receipt of benefits in 2007 or 2008. This form will help you determine whether or not your answer is correct.

Please complete this form, attach the appropriate documentation, sign the certification, and return to the Financial Aid Office as soon as possible.

1. Are you certain you or a household member receive SSI in 2007 or 2008? [ ] Yes\*  
Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources. Other types of Social Security benefits (such as Retirement, Disability or Survivor benefits) are **not** the same as SSI.

\*If yes, you must attach a copy of your 2007 or 2008 Supplemental Security Income statement from the Social Security Administration. If you need to get proof of SSI received, please contact the Social Security Administration at 1-800-772-1213 to request a BEVE statement. (If you did not receive SSI, you will not be able to obtain a BEVE statement.)

**Note: If you received an SSA-1099 form for 2007 or 2008, the benefits reported to you on that form are not SSI.**

2. If you or a household member did not receive SSI in 2007 or 2008, check the "No" box. [ ] No\*\*

\*\*If no, sign and return this form. **If you received an SSA-1099 form for 2007 or 2008, the benefits reported to you on that form are not SSI.**

*Please note:* Your student's eligibility for financial aid may change if you or a household member did not receive SSI benefits. The student may lose eligibility for grants, subsidized loans, and other programs. If you need assistance, please contact our office at (707) 664-2389 or by email at [finaid@sonoma.edu](mailto:finaid@sonoma.edu).

**Statement of Certification: I certify that the above information is true and complete.**

\_\_\_\_\_  
*Parent Signature*

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