

Chabot College FAO, #110  
25555 Hesperian Blvd  
Hayward, CA 94545

Name of Financial Aid Applicant (*Please print*)

2008-2009

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Chabot Student ID# : W\_\_\_\_\_

## DISABILITY EXPENSE VERIFICATION FORM

Disability related expenses may be included in your cost of attendance for the year, however, there is no implied financial aid award to cover these expenses. If you have costs associated with a disability, please complete this form to verify the total amount of the expenses, and how much of these expenses are paid for by an outside funding agency, or reimbursed to you.

It is possible to use your out-of-pocket medical expenses to recalculate your eligibility for financial aid, but only with clear documentation that the expenses are not paid by an outside funding agency, insurance, nor reimbursed to you. To discuss this possibility, please visit the Financial Aid Office to talk to an advisor. If you receive services from DSP&S, please feel free to ask them for assistance or guidance in completing this form.

- I certify that I have total disability-related expenses of \$\_\_\_\_\_ monthly/weekly/annually (*circle one*).
- I certify that I pay disability-related expenses of \$\_\_\_\_\_ monthly/weekly/annually (*circle one*) that are not subsidized by or reimbursed by insurance or an external funding agency.
- I certify that \_\_\_\_\_ (*name of agency*) pays or reimburses me for \$\_\_\_\_\_ monthly/weekly/annually (*circle one*) for expenses related to my disability.

I hereby certify that the information I have provided above is true and correct, and I can provide documentation of information listed above upon request. **I understand that it is my obligation to notify the Financial Aid Office if the amount I am paying for disability-related expenses changes at anytime during the academic year, or if an external agency reimburses me or covers these expenses. I authorize the Financial Aid Office to verify the above information at any time.**

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, prosecuted for fraud, and/or face other charges, and will have to repay any financial aid funds you receive based on information provided on this form.

**Student's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ALTERNATE FORMAT

If you need this document in an alternative format or assistance completing it, please advise the Financial Aid Office or the Disabled Services Resource Center.

### CALIFORNIA INFORMATION PRIVACY ACT

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under the record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.