FINANCIAL AID OFFICE

411 CENTRAL AVENUE • SALINAS, CA 93901 • (831)755-6806 • FAX (831) 759-6014

2011-2012 AGENCY CERTIFICATION—UNTAXED INCOME

Federal and state regulations relative to student financial aid mandate coordination and verification of all family financial resources. The information provided below will be used only to determine financial aid eligibility and will be kept confidential by the campus pursuant to Sections 76200-76246 of the *California Education Code* and the 1974 Family Education Rights and Privacy Act.

TO BE COMPLETED BY THE STUDENT AND SPOUSE, IF APPLICABLE, AND/OR PARENT BEFORE SUBMITTING TO AGENCY

I authorize the appropriate office/agency to provide the information requested by the school listed above.

Case Name under which benefits are paid (*Please print*)

Case Number

Applicant's Signature Date

Mother's Signature Date

Social Security Number: ___ - __ - ____

Applicant's Spouse's Signature Date

Father's Signature Date

Social Security Number: ___ - __ - ____

- ❑ Vocational Rehabilitation
- ❑ Supplemental Security Income (SSI)
- ❑ Veteran's Contributory Benefits
- ❑ Federal/State Disability Benefits
- ❑ General Relief
- ❑ Veteran's Benefits
- ❑ Pension Benefits
- ❑ Housing Authority (HUD)
- ❑ Social Security Benefits
- ❑ Unemployment Benefits
- ❑ CalWORKs
- ❑ Other: _____

TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS

❑ The person(s) named above received/receives no assistance from this agency

❑ No record ❑ Not eligible (*Reason*) _____

Benefits received are listed below	**Total 2010 Jan. 1, 2010–Dec. 31, 2010**	**Current Monthly Amount**
• Type of benefit: _____		
For entire family, including applicant:	$ _____	$ _____
Benefits began: _____ / _____ Month/Year		
• Type of benefit: _____		
For entire family, including applicant:	$ _____	$ _____
Benefits began: _____ / _____ Month/Year		

Is change or termination of benefit(s) anticipated during the year? ❑ Yes ❑ No

If yes, explain change or give date of information: _____

Is an allowance provided to cover fees, transportation, books, and supplies? ❑ Yes ❑ No

Itemize allowance(s) and give amount(s): _____

Agency Representative (*type or print*) Title/Official Position

Signature Date

( ) Telephone Number

All applications for financial assistance programs; i.e., student loans, work Compensation, grants, scholarships, special funds, subsides, prizes, etc., will be considered by the Hartnell College District / Local School District without regard to race, color, national origin, gender, marital status or disability. Harassment of any employee/student with regard to race, color, national origin, gender, marital status or disability is strictly prohibited.