



HARTNELL FINANCIAL AID OFFICE

411 CENTRAL AVENUE • SALINAS, CA 93901 • (831)755-6806 • FAX (831) 755-6957

2018-2019 PARENTS' INCOME CERTIFICATION FORM

Name of Financial Aid Applicant <i>(Please print)</i>		
Last	First	Middle
Student ID #: _____		

Parents did not file, and are not required to file, a 2016 federal income tax return.

List below all of the sources and amounts of money received from January 1, 2016 through December 31, 2016. Include untaxed income (e.g., CalWORKs, SSI, Military Living Allowance, disability income) and earnings or income not reported on a federal or state income tax return (e.g., unemployment insurance income if tax return not filed).

Source of Money	Annual Amount January 2016– December 2016
	\$
	\$
	\$
Total	\$

Explain special circumstances (if any) concerning your financial situation (you may attach a separate sheet if additional space is needed):

I/We hereby certify that all information reported on this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Signatures are required for all persons reporting income above.

Signature of Father	Date
Signature of Mother	Date

All applications for financial assistance programs; i.e., student loans, work Compensation, grants, scholarships, special funds, subsidies, 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.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.