



FINANCIAL AID OFFICE

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

Name of Financial Aid Applicant *(Please print)*

Last	First	Middle
Student ID #: _____		

2020 Parent (SPOUSE *IF APPLICABLE) INCOME CERTIFICATION

I/We did not file, and are not required to file, a 2020 federal income tax return.

List below all of the sources and amounts of money received from January 1, 2020 through December 31, 2020. Include untaxed income (e.g., AFDC/TANF/CalWORKs, SSI, Military Living Allowance, disability) and earnings or income not reported on a federal or state income tax return (e.g., unemployment insurance income if a tax return was not filed).

Source of Money	Annual Amount January 2020 – December 2020
	\$
	\$
	\$
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 Parent #1

Date

Signature of Parent #2

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.