

FINANCIAL AID OFFICE

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

Name of Financial Aid Applicant (Please print)

Last

First

Middle

Student ID #:

2021 STUDENT'S (SPOUSE *IF APPLICABLE) INCOME CERTIFICATION

□ I/We did not file, and are not required to file, a 2021 federal income tax return.

List below all of the sources and amounts of money received from January 1, 2021 through December 31, 2021. 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 2021 – December 2021
	\$
	\$
	\$
Total	\$

If you claim to be a self-supporting student and if your income was not sufficient to pay rent, food, and other expenses, explain how your expenses were met: (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 Applicant

<u>_____</u>

Signature of Applicant's Spouse

Name of Applicant's Spouse (Please print)

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.

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

Date

Date