



# FINANCIAL AID OFFICE

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

Name of Financial Aid Applicant *(Please print)*

<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>Student ID #:</b> _____		

## 2024 Parent (SPOUSE \*IF APPLICABLE) INCOME CERTIFICATION

<input type="checkbox"/> I/We did not file, and are not required to file, a 2024 federal income tax return.
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List below all of the sources and amounts of money received from January 1, 2024 through December 31, 2024. 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 2024 – December 2024
	\$
	\$
	\$
<b>Total</b>	\$

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

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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.**