

RETURN TO:
Barstow Community College
Financial Aid Office
2700 Barstow Road
Barstow, CA 92311

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

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>I authorize the appropriate office/agency to provide the information requested by the school listed above.</i>			
Case Name under which benefits are paid <i>(Please print)</i>		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: _____	- -
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> General Relief	<input type="checkbox"/> Social Security Benefits	
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Unemployment Benefits	
<input type="checkbox"/> Veteran's Contributory Benefits	<input type="checkbox"/> Pension Benefits	<input type="checkbox"/> CalWORKs	
<input type="checkbox"/> Federal/State Disability Benefits	<input type="checkbox"/> Housing Authority (HUD)	<input type="checkbox"/> Other: _____	

TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS		
<input type="checkbox"/> The person(s) named above received/receives no assistance from this agency <input type="checkbox"/> No record <input type="checkbox"/> Not eligible <i>(Reason)</i> _____ <input type="checkbox"/> The person(s) named above <u>IS</u> receiving benefits for him/herself <input type="checkbox"/> <u>IS NOT</u> receiving benefits for him/herself		
Recipient's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
Number of adults in household: _____ Number of dependent children in household: _____		
Benefits received are listed below	Total 2017	Current
	Jan. 1, 2017–Dec. 31, 2017	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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain change or give date of information: _____		
Is an allowance provided to cover fees, transportation, books, and supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No Itemize allowance(s) and give amount(s): _____		

Agency Representative <i>(type or print)</i>	Title/Official Position
Signature	Date
(_____)	
Telephone Number	

AGENCY STAMP REQUIRED