# 2015-16 Untaxed Income Certification Form

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 authorize the appropriate office/agency to provide the information requested by the school listed above.

<table>
<thead>
<tr>
<th>Case Name under which benefits are paid (Please print)</th>
<th>Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Mother’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Social Security Number:</td>
<td></td>
</tr>
<tr>
<td>Applicant’s Spouse’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Father’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Social Security Number:</td>
<td></td>
</tr>
</tbody>
</table>

- Vocational Rehabilitation
- General Relief
- Social Security Benefits
- Supplemental Security Income (SSI)
- Veteran’s Benefits
- Unemployment Benefits
- Veteran’s Contributory Benefits
- Pension Benefits
- CalWORKs
- Federal/State Disability Benefits
- Housing Authority (HUD)
- Other: ____________________________

## To Be Completed by the Agency Providing Benefits

- Yes
- No

Benefits received are listed below

<table>
<thead>
<tr>
<th>Type of benefit:</th>
<th>For entire family, including applicant:</th>
<th>Benefits began:</th>
<th>Total 2014</th>
<th>Current Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>$</td>
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</tbody>
</table>

- Is change or termination of benefit(s) anticipated during the year?
  - Yes
  - No

- Is an allowance provided to cover fees, transportation, books, and supplies?
  - Yes
  - No

Itemize allowance(s) and give amount(s):

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Agency Representative (type or print)

Title/Official Position

Signature

Date

AGENCY STAMP REQUIRED