

RETURN TO:

**Barstow Community College
Special Programs
2700 Barstow Road
Barstow, CA 92311**

Name of Applicant (*Please print*)

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

Case Name under which benefits are paid (*Please print*) _____

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

- The person(s) named above received/receives no assistance from this agency
 No record Not eligible (*Reason*) _____
 The person(s) named above IS receiving benefits for him/herself IS NOT receiving benefits for him/herself

Recipient's Marital Status: Married Divorced Separated Single Widowed

Number of adults in household: _____ Number of dependent children in household: _____

Benefits received are listed below

	Total 2020	Current
	Jan. 1, 2020–Dec. 31, 2020	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? Yes No

If yes, explain change or give date of information: _____

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

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

Agency Representative (*type or print*) _____ Title/Official Position _____

Signature _____ Date _____

Telephone Number _____

AGENCY STAMP REQUIRED