



Financial Aid Office



2009-2010 AGENCY CERTIFICATION (UNTAXED INCOME)

ECC ID # _____ Social Security # _____

Last Name _____ First Name _____ Middle _____

Address (Number & Street) _____ City _____ State _____ Zip Code _____ Telephone Number _____

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 (<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

The person(s) named above received/receives no assistance from this agency

No record Not eligible (*Reason*) _____

Benefits received are listed below	Total 2008		Current Monthly Amount
	Jan. 1, 2008–Dec. 31, 2008		
• 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 (<i>type or print</i>)	Title/Official Position
_____	_____
Signature	Date
() _____	
Telephone Number	

AGENCY STAMP REQUIRED