



Financial Aid Office

El Camino College (ECC) - 16007 Crenshaw Blvd. ♦ Torrance, CA 90506 ☎ 1-310-660-3493 ♦ www.elcamino.edu
Compton Center (COM) - 1111 E. Artesia Blvd., E-17 ♦ Compton, CA 90221 ☎ 1-310-900-1600 x 2935 ♦ www.compton.edu

2010-2011 AGENCY CERTIFICATION (UNTAXED INCOME)

ECC ID # _____

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 (*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: _____ - _____ - _____

- Vocational Rehabilitation
- Supplemental Security Income (SSI)
- Veteran's Contributory Benefits
- Federal/State Disability Benefits
- General Relief
- Veteran's Benefits
- Pension Benefits
- Housing Authority (HUD)
- Social Security Benefits
- Unemployment Benefits
- CalWORKs
- 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 2009	
	Jan. 1, 2009–Dec. 31, 2009	Current Monthly Amount

• Type of benefit: _____ For entire family, including applicant: \$ _____ \$ _____ Benefits began: _____ / _____ Month/Year
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• Type of benefit: _____ For entire family, including applicant: \$ _____ \$ _____ Benefits began: _____ / _____ Month/Year
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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