# 2010-2011 AGENCY CERTIFICATION

(UNTAXED INCOME)

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**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.

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**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

<table>
<thead>
<tr>
<th>Type of benefit</th>
<th>Total 2009 Jan. 1, 2009–Dec. 31, 2009</th>
<th>Current Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>For entire family, including applicant:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Benefits began:</td>
<td>/</td>
<td></td>
</tr>
<tr>
<td>Month/Year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

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Agency Representative (type or print)  Title/Official Position

Signature  Date

( ) Telephone Number

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Revised: 2/2/10