Financial Aid Office



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

AGENCY CERTIFICATION

(UNTAXED INCOME)

Print all information neatly in black or blue ink.

If any item does not apply, enter "N/A" for Not Applicable where a <u>response</u> is requested, or enter 0 in an area where an <u>amount</u> is requested.

El Camino College Student ID Number		Last 4 Digits of Social Security Number		Date of Birth	Date of Birth (MM/DD/YYYY)		
Last Name	First Name			Middle Name			
Address (Number & Street)	City	State	Zip Code		() Telephone	Number	
Address (Number & Street)	City		·	and on office the confin	•		
Federal and state regulations relat below will be used only to detern Education Code and the Family Educ	nine financial aid	eligibility and	will be kept conf		•	•	
TO BE COMPLETED BY THE STU					BMITTING TO AGENC sted by the school list		
Case Name under which benef	ase print)		Case Number				
Applicant's Signature		Date		Mother's Signature		Date	
				Social Security N	lumber:		
Applicant's Spouse's Signature		Da	te	Father's Signatu	re	Date	
, , , , , , , , , , , , , , , , , , ,				_	lumber:		
□ Vocational Rehabilitation		□ General R		□ Social Securi	•		
, , ,				. ,			
□ Veteran's Contributory Benefits □ Pension E □ Federal/State Disability Benefits □ Housing A			uthority (HUD)				
□ The person(s) named above				CY PROVIDING BE	NEFITS		
	Not eligible (Re						
Benefits received are listed below			J	Total 2013 : an. 1, 2013 – Dec		Current Monthly Amount	
Type of benefit:					•	,	
For entire family, including Benefits began:			\$		\$		
	nth	Year					
Type of benefit:							
For entire family, including			\$		\$		
Benefits began:		Year					
	JIILII						
Mo Is change or termination of ber If yes, explain change or giv	nefit(s) anticipat	ed during the					
Mo Is change or termination of ber	nefit(s) anticipat e date of inform ver fees, transpo	ed during the nation:ortation, book	s, and supplies?	□ Yes □ No			
Mo Is change or termination of ber If yes, explain change or giv Is an allowance provided to cov	nefit(s) anticipate date of informover fees, transpove amount(s):	ed during the nation:ortation, book	s, and supplies?	□ Yes □ No	-	AGENCY STAMP REQUIRED	
Is change or termination of ber If yes, explain change or giv Is an allowance provided to cov Itemize allowance(s) and giv	nefit(s) anticipate date of informover fees, transpove amount(s):	ed during the nation:ortation, book	s, and supplies?	□ Yes □ No	-	AGENCY STAMP REQUIRED	