Financial Aid Office

2015-2016

El Camino College (ECC) - 16007 Crenshaw Blvd. ◆ Torrance, CA 90506 ☎1-310-660- 3493 ◆ www.elcamino.edu
ECC Compton Center (COM) - 1111 E. Artesia Blvd., E-17 ◆ Compton, CA 90221 ☎1-310-900-1600 x 2935 ◆ 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 response is requested, or enter 0 in an area where an amount is requested.*

El Camino College Student ID Number ______ Last 4 Digits of Social Security Number ______ Date of Birth (MM/DD/YYYY) ______

Last Name ______ First Name ______ Middle Name ______

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 college pursuant to Sections 76200-76246 of the *California Education Code* and the Family Educational Rights and Privacy Act (FERPA).

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 ______

Parent 1 Signature ______ Date ______
Social Security Number: ______-______-______

Applicant's Spouse's Signature ______ Date ______

Parent 2 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 2014 Jan. 1, 2014 – Dec. 31, 2014**	**Current 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