



# Financial Aid Office

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

## 2016-2017 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).

<b>TO BE COMPLETED BY THE STUDENT AND SPOUSE, IF APPLICABLE, AND/OR PARENT BEFORE SUBMITTING TO AGENCY</b>					
<i>I authorize the appropriate office/agency to provide the information requested by the school listed above.</i>					
Case Name under which benefits are paid ( <i>Please print</i> )			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: _____-_____-_____	
<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

<input type="checkbox"/> The person(s) named above received/receives no assistance from this agency		
<input type="checkbox"/> No record <input type="checkbox"/> Not eligible ( <i>Reason</i> ) _____		
Benefits received are listed below	<b>Total 2016</b> Jan. 1, 2016 – Dec. 31, 2016	<b>Current</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain change or give date of information: _____		
Is an allowance provided to cover fees, transportation, books, and supplies? <input type="checkbox"/> Yes <input type="checkbox"/> 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