

2007-2008

Palomar College ID Number: _____

for office use only

Name of Financial Aid Applicant (Please print)

Last First Middle

Date of Birth: Month Day Year

AGENCY CERTIFICATION—UNTAXED INCOME

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 General Relief Social Security Benefits
Supplemental Security Income (SSI) Veteran's Benefits Unemployment Benefits
Veteran's Contributory Benefits Pension Benefits CalWORKs
Federal/State Disability Benefits Housing Authority (HUD) 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 2006 Current
Jan. 1, 2006-Dec. 31, 2006 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