

2009-2010

Palomar College ID Number: _____

for office use only

Name of Financial Aid Applicant *(Please print)*

Date of Birth: _____

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 2008 Jan. 1, 2008–Dec. 31, 2008	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