2015-2016

RETURN TO:
Palo Verde College
One College Drive
Blythe CA 92225
FAX# 760-921-3608

Name of Financial Aid Applicant (*Please print*)

_____

Last **First** **Middle**

Student ID Number: _____

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
- ❑ 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): _____

Is the person named above a single head-of-household with a child under 14 years of age? ❑Yes ❑No
Who is receiving cash aid……..❑Parent ❑ Child ❑Both (Parent & Child)

_____ _____
Agency Representative (*type or print*) Title/Official Position

_____ _____
Signature Date

(_____)_____
Telephone Number

AGENCY STAMP REQUIRED

California Information Privacy Act

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under the record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.