California Community Colleges

2005-2006 Board Of Governors Fee Waiver Application

This is an application to have your enrollment fees waived. This FEE WAIVER is for California residents only. If you need money to help with books, supplies, food, rent, transportation and other costs, please complete a FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) right away. Contact the Financial Aid Office for more information. The FAFSA is available at www.fafsa.ed.gov or at the Financial Aid Office.

Name: _____ SSN# _____

Last *First* *Middle Initial*

Email (if available): _____ Telephone Number: (_____)_____

Home Address: _____ Date of Birth: _____/_____/_____

Street *City* *Zip Code*

Has the Admissions or the Registrar's Office determined that you are a California resident? ❑ Yes ❑ No

Note: Students who are exempted from paying nonresident tuition under Education Code Section 68130.5 (AB 540) are not California residents. If you are not a California resident you are not eligible for this fee waiver. Do not complete this application.

IMPLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT

Recent legislation (Assembly Bill 205) extends new rights, benefits, responsibilities and obligations to individuals in domestic partnerships registered with the California Secretary of State under Section 297 of the Family Code. If you are in a Registered Domestic Partnership (RDP), you will be treated as an Independent married student to determine eligibility for this Fee Waiver and will need to provide income and household information for your domestic partner. If you are a dependent student and your parent is in a Registered Domestic Partnership, you will be treated the same as a student with married parents and income and household information will be required for the parent's domestic partner.

**These new provisions apply to state funded student financial aid ONLY, and not to federal student financial aid.

Are you or your parent in a Registered Domestic Partnership with the California Secretary of State under Section 297 of the Family Code? *(Answer "Yes" if you or your parent are separated from a Registered Domestic Partner but have NOT FILED a Notice of Termination of Domestic Partnership with the California Secretary of State's Office.)* ❑ Yes ❑ No

If you answered "Yes" to the question above treat the Registered Domestic Partner as a spouse. You are required to include your domestic partner's income and household information or your parent's domestic partner's income and household information in Questions 3, 6, 7, 8, 9, 10, 11, 12.

Student Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed ❑ Registered Domestic Partnership

DEPENDENCY STATUS

1. Were you born before January 1, 1982? ❑ Yes ❑ No
2. As of today, are you married or in a Registered Domestic Partnership? (Answer "Yes" if you are separated but not divorced or have not filed a termination notice to dissolve partnership.) ❑ Yes ❑ No
3. Do you have children who receive more than half of their support from you, or other dependents who live with you (other than your children and spouse) who receive more than half of their support from you, now and through June 30, 2006? ❑ Yes ❑ No
4. Are you an orphan or a ward of the court, or were you a ward of the court until your 18th birthday? ❑ Yes ❑ No
5. Are you a veteran of the U.S. Armed Forces? ❑ Yes ❑ No

- If you answered "Yes" to any of the questions 1 - 5, you are considered an INDEPENDENT student and must provide income and household information about yourself (and your spouse or RDP if applicable). Skip to Question #8.
- If you answered "No" to all questions 1 - 5, complete the following questions:

6. If your parent(s) or his/her RDP filed or will file a 2004 U.S. Income Tax Return, were you, or will you be claimed on their tax return as an exemption by either or both of your parents? ❑ Won't File ❑ Yes ❑ No
7. Do you live with one or both of your parent(s) and/or his/her RDP? ❑ Yes ❑ No

- If you answered "No" to questions 1 - 5 and "Yes" to either question 6 or 7, you must provide income and household information about your PARENT(S)/RDP. Please answer questions for a DEPENDENT student in the sections that follow.
- If you answered "No" or "Parent(s) won't file" to question 6, and "No" to question 7, you are a dependent student for all student aid except this fee waiver. You may answer questions as an INDEPENDENT student on the rest of this application, but please try to get your PARENT information and file a FAFSA so you may be considered for other student aid. You cannot get other student aid without your parent(s) information.

METHOD A

8. Are you (the student ONLY) currently receiving monthly cash assistance from:
   TANF/CalWORKs? ❑ Yes ❑ No
   SSI/SSP (Supplemental Security Income/State Supplemental Program)? ❑ Yes ❑ No
   General Assistance? ❑ Yes ❑ No
9. If you are a dependent student, are your parent(s)/RDP receiving monthly cash assistance from TANF/CalWORKs or SSI/SSP as a primary source of income? ❑ Yes ❑ No

- If you answered "Yes" to question 8 or 9 you are eligible for a FEE WAIVER. Sign the Certification at the end of this form. You are required to show current proof of benefits. Ask the Financial Aid Office for the FAFSA to be eligible for other financial aid opportunities.

METHOD B

10. DEPENDENT STUDENT: How many persons are in your parent(s) household? (Include yourself, your parent(s), and anyone who lives with your parent(s) and receives more than 50% of their support from your parents, now and through June 30, 2006.) _____
11. INDEPENDENT STUDENT: How many persons are in your household? (Include yourself, your spouse, and anyone who lives with you and receives more than 50% of their support from you, now and through June 30, 2006.) _____
12. 2004 Income Information

		DEPENDENT STUDENT: PARENT(S)/ RDP INCOME	INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME
a.	Adjusted Gross Income (If 2004 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 34; 1040A, line 21; 1040EZ, line 4 or Telefile, line I).	$_____	$_____
b.	All other income (Include ALL money earned in 2004 that is not included in line (a) above. Include TANF benefits, disability, Social Security, child support.	$_____	$_____
	TOTAL Income for 2004 (Sum of a + b)	$_____	$_____

The Financial Aid Office will review your income and let you know if you qualify for a FEE WAIVER under Method B. If you do not qualify using this simple method, you should file a FAFSA.

SPECIAL CLASSIFICATIONS

13. Do you have certification from the California Department of Veterans Affairs or the National Guard Adjutant General that you are eligible for a dependent's fee waiver? Submit certification. ❑ Yes ❑ No
14. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient, or a dependent of a victim of the September 11, 2001 terrorist attack? Submit documentation from the Department of Veterans Affairs or the CA Victim Compensation and Government Claims Board. ❑ Yes ❑ No
15. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty? Submit documentation from the public agency employer of record and income information. ❑ Yes ❑ No

- If you answered "Yes" to question 13, 14, or 15, you are eligible for a FEE WAIVER. Sign the Certification at the end of this form.

CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW

I hereby swear or affirm, under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of this information, which may include a copy of my and my spouse/registered domestic partner and/or my parent's/registered domestic partner's 2004 U.S. Income Tax Return(s). I also realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my waiver. I authorize release of information regarding this application between the college, the college district, and the Chancellor's Office of the California Community Colleges.

Applicant's Signature *Date* *Parent Signature (Dependent Students Only)* *Date*

BOG DOES NOT INCLUDE BOOKS

FOR OFFICE USE ONLY

❑ BOGFW-A ❑ TANF/CalWORKs ❑ GA ❑ SSI/SSP	❑ BOGFW-B _____ ❑ BOGFW-C	❑ Special Classification ❑ Vet/National Guard Dependent ❑ Medal of Honor/or 9/11 Dependent ❑ Dep. Of deceased law enforcement/fire personnel	RDP ❑ Student ❑ Parent	❑ Student is not eligible

Notes: _____

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Certified by: _____ Date: _____