## 2019-2020

## CalWorks/ CalFresh: Attach Passport to Services

Name of Financial Aid Applicant (Please print)					
Last	First	Middle	-		
<b>Student ID Number</b> :					

## 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 I authorize the appropriate of			
Case Name under which benefits are paid (Please print)		Case Number	
Applicant's Signature Date		Mother's Signature Date	
		Social Security Nun	nber: <u></u>
Applicant's Spouse's Signature	Date	Father's Signature Date Social Security Number:	
<ul> <li>□ Vocational Rehabilitation</li> <li>□ Supplemental Security Income (SSI)</li> <li>□ Veteran's Contributory Benefits</li> <li>□ Federal/State Disability Benefits</li> </ul>	<ul><li>☐ General Relief</li><li>☐ Veteran's Benefits</li><li>☐ Pension Benefits</li><li>☐ Housing Authority (I</li></ul>	<ul><li>□ Social Securi</li><li>□ Unemployme</li><li>□ CalWORKs</li></ul>	ty Benefits
Тове	COMPLETED BY THE AGE	ENCY PROVIDING BENI	EFITS
☐ The person(s) named above received☐ No record☐ Not eligib	d/receives no assistance fr le ( <i>Reason</i> )	<b>.</b>	
Benefits received are listed below  • Type of benefit:		Total 2017 Jan. 1, 2017–Dec. 31, 20	Current Monthly Amount
For entire family, including applications Benefits began:	ent: ¢		\$
• Type of benefit: For entire family, including applica Benefits began:	ent. ¢		\$
Is change or termination of benefit(s) a If yes, explain change or give date of it	nticipated during the year		
Is an allowance provided to cover fees, Itemize allowance(s) and give amount(	transportation, books, an		□ No
			]
Agency Representative (type or print)	Title/Official Position	n	
Signature	Da	te	-
( )	<u> </u>		AGENCY STAMP REQUIRED
Telephone Number			

## 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.