

RETURN TO:

2009-2010

Financial Aid Office
College of the Desert
43-500 Monterey Avenue
Palm Desert, CA 92260
PHONE (760) 773-2532
FAX (760) 776-7338

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 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 Current
Jan. 1, 2008 - Dec. 31, 2008 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

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 for assistance.