

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

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.

STUDENT INFORMATION

To be completed by the student and spouse if applicable and/or parent before submitting to agency. By signing below, you are agreeing to authorize the appropriate office/agency to provide the information requested by the school district listed above.

_____	_____	_____	_____
Last Name	First Name	M.I.	Student ID# or SSN
_____		_____	
Case Name under which benefits are paid (please print)		Case Number	
_____	_____	_____	_____
Student's Signature	Date	Student's Spouse's Signature (if applicable)	Date
_____	_____	_____	_____
Parent 1's Signature	Date	Parent 2's Signature	Date
_____	_____	_____	_____
Parent 1's SSN	Date	Parent 2's SSN	Date

AGENCY INFORMATION

To be completed by the Agency providing benefits:

☐ Assistance is NOT issued by this Agency to any of the person(s) named above.

☐ No Record

☐ Not Eligible (*Reason*): _____

☐ Assistance is issued by this Agency to at least one of the person(s) named above.

Benefits received for the entire family, including applicant, include:

Type of Benefit(s)	Benefit(s) Began Month/Year	Total Benefits Received for 2015	Current Benefits Monthly Amount

Is a change or termination of benefit(s) anticipated during the year? ☐ Yes ☐ No

If yes, explain change and provide date of change: _____

Agency Representative Name (type or print)

Name of Agency

Signature

Title/Official Position

Phone Number

Date

AGENCY STAMP REQUIRED