MOORPARK · OXNARD · VENTURA
FINANCIAL AID OFFICE

2018-2019 STUDENT CERTIFICATION OF BENEFITS/RESOURCES

Students are required to report all benefits and resources (e.g. book vouchers, supply vouchers, gas mileage reimbursement, scholarships, tuition assistance, child care assistance, etc) being received to the Financial Aid Office. These benefits/resources can affect your eligibility for financial aid programs. Please complete the following form. If you are only receiving scholarships, complete Section 1-3 only. If you are receiving any other benefits/resources complete Section 1-3 and submit to the agency providing benefits/resources to complete Sections 4-5. If benefits/resources are being received by more than one agency, please complete a new form with each agency providing benefits/resources.

Section 1: Student Information – *To be completed by the student*

_____   _____
LAST NAME   FIRST NAME   SSN or ID NUMBER

_____   _____
ADDRESS   CITY   STATE   ZIP   DATE OF BIRTH

_____   _____
EMAIL ADDRESS   (AREA CODE)-PHONE NUMBER

Section 2: Student Certification of Benefits/Resources – *To be completed by the student*

1. Are you receiving benefits/resources (grants, vouchers, scholarships, fee waivers, etc.) for your education from any agencies/services?

    ☐ Yes   ☐ No (Complete Section 3, submit)

2. If yes, which benefits/resources are being received? (Check all that apply)

    ☐ EOPS   ☐ CalWORKs   ☐ CARE   ☐ Vocational Rehab   ☐ Veterans   ☐ Other: _____

    ☐ Scholarships *(Complete table below. If you are **only receiving scholarships**, complete Sections 1-3 only and submit to the Financial Aid Office)*:

Scholarship Title:	Fall _____	Spring _____	Summer ____
	$	$	$
	$	$	$
	$	$	$
	$	$	$

Section 3: Student Signature - *To be completed by the student*

The person signing this form certifies that all the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading Information on this worksheet you may be fined, be sentenced to jail, or both. If the Financial Aid Officer determines or suspects fraud or forgery all information will be forwarded to the campus Behavior Intervention Care Team (BICT), the Office of Inspector General of the Department of Education, and/or the local law enforcement agency.

_____   _____
STUDENT'S SIGNATURE   DATE

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Section 4: Agency Information – *To be completed by the agency providing benefits/resources*

The student above has submitted a financial aid application and has indicated that he/she may be receiving benefits/resources from your program. In order to determine eligibility and not duplicate benefits/resources for this student, please complete the following form.

A. *Indicate the name of the agency providing benefits/resources.*

☐ EOPS ☐ CARE ☐ CalWORKs ☐ Department of Rehabilitation ☐ Department of Veterans Affairs ☐ Other: _____

B. *Indicate the semester for which the agency will be providing benefits/resources. If your agency will be providing benefits/resources for the full academic year, please check the "Fall/Spring" box.*

☐ Fall/Spring or ☐ Fall ONLY ☐ Spring ONLY ☐ Summer ONLY

C. *Indicate the type of benefit/resource being provided. If the student has all required costs covered by your program, check the "yes" box. If the student does not receive the benefit/resource, check the "no" box. If the student receives a benefit/resource but does not have all costs covered, please indicate the amount received for the semester on the comments line.*

Benefit/Resource	Yes	No	Comments
Books	☐ Yes	☐ No	☐ Comments: _____
Supplies *(materials, uniforms, etc.)*	☐ Yes	☐ No	☐ Comments: _____
Enrollment/Tuition Fees Voucher	☐ Yes	☐ No	☐ Comments: _____
Transportation *(gas mileage, bus passes)*	☐ Yes	☐ No	☐ Comments: _____
Child Care	☐ Yes	☐ No	☐ Comments: _____
CalWORKs Work-Study	☐ Yes	☐ No	☐ Comments: _____
Other (type): _____	☐ Yes	☐ No	☐ Comments: _____

Section 5: Agency Authorized Signature - *To be completed by the agency providing benefits/resources*

The person signing this form certifies that all the information reported on it is complete and correct.

_____   _____

SIGNATURE OF AUTHORIZED PERSONNEL   DATE

_____   _____

PRINTED NAME & AGENCY   TELEPHONE NUMBER