

**RETURN TO:**  
**Financial Aid Office**  
**Columbia College**  
**11600 Columbia College Dr.**  
**Sonora, CA 95370**

Name of Financial Aid Applicant (Please print)

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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 the Parent(s) 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
Applicant's Spouse's Signature	Date	Social Security Number	_____
		Father's Signature	Date
		Social Security Number	_____

<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> General Relief	<input type="checkbox"/> Social Security Benefits
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Veteran's Contributory Benefits	<input type="checkbox"/> Pension Benefits	<input type="checkbox"/> CalWORKs
<input type="checkbox"/> Federal/State Disability Benefits	<input type="checkbox"/> Housing Authority (HUD)	<input type="checkbox"/> 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 2015 Jan. 1, 2015–Dec. 31, 2015	Current 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.