

**RETURN TO:**

**Ventura College  
Financial Aid Office  
4667 Telegraph Road  
Ventura, CA 93003**

<b>Name of Financial Aid Applicant</b> <i>(Please print)</i>		
_____	_____	_____
<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>Social Security 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.

<b>TO BE COMPLETED BY THE STUDENT AND SPOUSE, IF APPLICABLE, AND/OR PARENT BEFORE SUBMITTING TO AGENCY</b> <i>I authorize the appropriate office/agency to provide the information requested by the school listed above.</i>			
Case Name under which benefits are paid <i>(Please print)</i>		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: _____ - _____ - _____	
<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: _____	

<b>TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS</b>			
<input type="checkbox"/> The person(s) named above received/receives no assistance from this agency <input type="checkbox"/> No record <input type="checkbox"/> Not eligible <i>(Reason)</i> _____			
Benefits received are listed below	<b>Total 2006</b>	<b>Current</b>	
	<b>Jan. 1, 2006–Dec. 31, 2006</b>	<b>Monthly Amount</b>	
• 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain change or give date of information: _____			
Is an allowance provided to cover fees, transportation, books, and supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Itemize allowance(s) and give amount(s): _____			

_____	_____
Agency Representative <i>(type or print)</i>	Title/Official Position
_____	_____
Signature	Date
(_____) _____	
Telephone Number	

AGENCY STAMP REQUIRED