

(Office use only)

**2010-2011**

**Name of Financial Aid Applicant** *(Please print in Black INK)*

**Last** **First** **Middle**

**Social Security Number:** \_\_\_\_\_

**RETURN TO:**

**Cuyamaca College**  
Financial Aid Office  
900 Rancho San Diego Parkway  
El Cajon, CA 92019-4369  
FAX 619 660-4279 Phone: 619 660-4201

**2009 PARENTS' INCOME CERTIFICATION**

- Attached is a signed photocopy of my/our 2009 federal income tax return, including all schedules and attachments.
- I/We did not file, and are not required to file, a 2009 federal income tax return.

Please check if you received benefits from any of these federal programs:

- Supplemental Security Income (SSI)
- CalWorks/welfare/Temporary Assistance to Needy Families (TANF)

List below all income amounts received from January 1, 2009 through December 31, 2009. Include SSI, CalWORKs, military living allowance, disability income, earnings from working, unemployment income, refugee assistance, etc.

Source of Money	Annual Amount January 2009 – December 2009
	\$
	\$
	\$
<b>Total</b>	\$

Please explain how you paid your basic living expenses such as rent or mortgage, food, clothing, transportation and other personal needs. *(You may write your statement on a separate sheet of paper and attach it to this form)*

\_\_\_\_\_  
\_\_\_\_\_

I/We hereby certify that all information reported on this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

**Signatures are required for all persons reporting income above.**

\_\_\_\_\_  
**Signature of Father** **Print name** **Date**

\_\_\_\_\_  
**Signature of Mother** **Print name** **Date**

**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 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.

(Office use only)

**2010-2011**

**Name of Financial Aid Applicant** *(Please print in BLACK INK)*

**Last** **First** **Middle**

**Social Security Number:** \_\_\_\_\_

**RETURN TO:**

**Cuyamaca College**  
Financial Aid Office  
900 Rancho San Diego Parkway  
El Cajon, CA 92019-4369  
FAX 619 660-4279 Phone: 619 660-4201

**2009 STUDENT'S (SPOUSE) INCOME CERTIFICATION**

- Attached is a signed photocopy of my/our 2009 federal income tax return, including all schedules and attachments.
- I/We did not file, and are not required to file, a 2009 federal income tax return.

Please check if you have received benefits from any of these federal programs:

- Supplemental Security Income (SSI)
- CalWorks/welfare/Temporary Assistance to Needy Families (TANF)

List below all income amounts received from January 1, 2009 through December 31, 2009. Include SSI, CalWORKs, military living allowance, disability income, earnings from working, unemployment income, refugee assistance, etc.

Source of Money	Annual Amount January 2009 – December 2009
	\$
	\$
	\$
<b>Total</b>	\$

Please explain how you paid your basic living expenses such as rent or mortgage, food, clothing, transportation and other personal needs. *(You may write your statement on a separate sheet of paper and attach it to this form)*

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I/We hereby certify that all information reported on this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

**Signatures are required for all persons reporting income above.**

\_\_\_\_\_  
**Student's signature** **Print name** **Date**

\_\_\_\_\_  
**Spouse's signature** **Print name** **Date**

**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 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.