

**COLLEGE OF THE CANYONS - FINANCIAL AID OFFICE**

26455 Rockwell Canyon Road • Santa Clarita, California • 91355
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2019-2020 Untaxed Income Verification Worksheet

Section 1: Student Information

Last Name	First Name	COC ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Phone Number	<input type="text"/>				

Section 2: Documented 2017 Untaxed Income

- | | | |
|--|---|---|
| <input type="checkbox"/> State/Private Disability Benefits | <input type="checkbox"/> Workman's Compensation | <input type="checkbox"/> Social Security or SSI/SSP |
| <input type="checkbox"/> Veterans Noneducation Benefits | <input type="checkbox"/> General Relief | <input type="checkbox"/> SNAP (2017 or 2018) |
| <input type="checkbox"/> Unemployment Benefits (not claimed on tax return) | <input type="checkbox"/> Welfare/TANF | |

Section 3: Agency Certification (to be completed by the agency providing the benefits)

Name of person receiving benefits

☐ There is NO RECORD of the person(s) named above. ☐ The person(s) named above is NOT ELIGIBLE.

☐ The person(s) named above does NOT RECEIVE, or never has received, assistance from this agency.

☐ The person(s) named above RECEIVES/RECEIVED the benefits listed below:

Type of benefit

Date benefits began (Month/Year) Date benefits end (Month/Year)

Total Amount Received in 2017 Current Monthly Amount Receiving

Number in household receiving benefits: Adults Children

Is an educational allowance provided to cover fees, transportation, books, and supplies? ☐ Yes ☐ No

Agency Representative (Type or Print) Title/Official Position

Signature Date

**AGENCY
STAMP
HERE**

Certification: My signature authorize the appropriate office/agency to release the information requested to College of the Canyons for verification purposes for federal student financial aid, as required by the U. S. Department of Education. 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 Section 76200-76246 of the California Education Code and the 1974 Family Education Rights and Privacy Act. I hereby certify that all information reported on this form and any attachments hereto are true, complete, and accurate. Further, I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken.

(Please sign and date below)

Student Signature _____ Date _____

Spouse/Parent Signature _____ Date _____