COLLEGE OF THE CANYONS

**COLLEGE OF THE CANYONS - FINANCIAL AID OFFICE**
26455 Rockwell Canyon Road • Santa Clarita, California • 91355
Phone: (661) 362-3215 • Fax: (661) 362-5617 • www.canyons.edu/money4college

# 2020-2021 Untaxed Income Verification Worksheet

## Section 1: Student Information

Last Name _____ First Name _____ COC ID Number: | | | | | | | | |

Social Security Number: _____ Date of Birth: _____ Phone Number _____

## Section 2: Documented 2018 Untaxed Income

- ☐ State/Private Disability Benefits
- ☐ Workman's Compensation
- ☐ Social Security or SSI/SSP
- ☐ Veterans Noneducation Benefits
- ☐ General Relief
- ☐ SNAP (2018 or 2019)
- ☐ Unemployment Benefits (not claimed on tax return)
- ☐ 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 2018** _____ **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 STAMP HERE

Agency Representative (Type or Print) _____ Title/Official Position _____

Signature _____ Date _____

***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 _____