



## 2021-2022 Untaxed Income Verification Worksheet

### Section 1: Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ COCID Number: 

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Social Security Number:  Date of Birth:  Phone Number

### Section 2: Documented 2019 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 (2019 or 2020)        |
| <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 2019** 
**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 \_\_\_\_\_