



Financial Aid Office

El Camino College (ECC) - 16007 Crenshaw Blvd. ♦ Torrance, CA 90506 ☎ 1-310-660-3493 ♦ www.elcamino.edu
Compton Center (COM) - 1111 E. Artesia Blvd., E-17 ♦ Compton, CA 90221 ☎ 1-310-900-1600 x 2935 ♦ www.compton.edu

2011-2012 AGENCY CERTIFICATION (UNTAXED INCOME)

PRINT ALL INFORMATION NEATLY IN BLUE OR BLACK INK.

ECC ID # _____

Last Name First Name Middle
()
Address (Number & Street) City State Zip Code Telephone Number

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.

TO BE COMPLETED BY THE STUDENT AND SPOUSE, IF APPLICABLE, AND/OR PARENT BEFORE SUBMITTING TO AGENCY
I authorize the appropriate office/agency to provide the information requested by the school listed above.

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: _____	

TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS

The person(s) named above received/receives no assistance from this agency
 No record Not eligible (*Reason*) _____

Benefits received are listed below	Total 2010	
	Jan. 1, 2010–Dec. 31, 2010	Current Monthly Amount
• 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? Yes No
If yes, explain change or give date of information: _____

Is an allowance provided to cover fees, transportation, books, and supplies? Yes 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