

2011-2012

Return to: CARE

Name of CARE applicant (Please Print)

CUYAMACA COLLEGE
900 Rancho San Diego Parkway
El Cajon CA 92019-4304
Phone (619) 660-4204
Fax (619) 660-4279

Last First

Social Security Number: - -

AGENCY CERTIFICATION – UNTAXED INCOME

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 CARE eligibility and will be kept confidential by the campus pursuant to Sections 76200-76246 of the California Educational Code and the 1974 Family Educational Rights and Privacy Act.

To be completed by student, spouse and/or parent before submitting to agency: I authorize the appropriate office/agency to provide the information requested by school listed above.

Case Name under which benefits are paid Case Number

Applicant's Signature Date

TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS:

The person(s) named above received/receive NO assistance from this agency.

No Record Not Eligible (Reason)

Table with 3 columns: Recipient benefits are listed below, Total 2010 1/1/10 – 12/31/10, Current Monthly Amount. Rows include Type of benefit, For entire family, including applicant..., Applicant's portion...

Benefit began Month/Year
Is change or termination of benefit anticipated during the year? Yes No
If yes, explain change or give date of termination:

Number of persons receiving benefits:
Adults Children Number of children under age of fourteen

Is this adult (CARE applicant) considered head of this household: Yes No

Agency Representative (Type or Print) Agency Address

Title/Official Position Telephone Number

Signature Date

AGENCY STAMP REQUIRED