

2007-2008

Return to: **EOP&S L-107**

Name of CARE applicant (please print)

Pasadena City College
1570 E. Colorado Blvd.
Pasadena, CA 91106

Last First M.

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 Education 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 the college listed above.

Case Name under which benefits are paid

Case Number

Applicant's Signature

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)

____ Recipients benefits are listed below: **Total 2005** **Current Monthly**
1/1/2005-12/31/2005 Amount

Type of benefit: _____
For entire family, including applicant \$ _____ \$ _____

Date benefits began: _____
Month Year

Number of person(s) currently receiving benefits: **Adults:** _____ **Children:** _____

Number of children under the age of fourteen years: _____

Is a change or termination of benefit(s) anticipated during the year? Yes No
If yes, explain change or give date of termination:

Agency Representative (type or print)

Title/Official Position

Signature Date

Agency Address

Telephone Number

AGENCY STAMP REQUIRED