

RETURN THIS FORM TO:

**College of the Canyons
Financial Aid Office, Seco Hall 110
26455 Rockwell Canyon Road
Santa Clarita CA 91355-1899**

| | | |
|--|-------|----|
| Financial Aid Applicant (please print) | | |
| Last | First | MI |
| Social Security Number: _____ | | |

INSTRUCTIONS: Please complete the following worksheets using your 2008 Federal Tax Return and/or other 2008 income information. Enter ZERO if not applicable. **DO NOT LEAVE ANY QUESTIONS BLANK.**

| Parent's | 2008 Additional Financial Information Report Annual Amounts | Student's |
|-----------|---|-----------|
| \$ | a. Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040—line 50 or 1040A—line 31. | \$ |
| \$ | b. Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your (or your parents') household, as reported in question 96 (or question 75 for your parents). | \$ |
| \$ | c. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. | \$ |
| \$ | d. Grant and scholarship aid reported to the IRS in the adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. | \$ |
| | e. Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q). | |
| \$ | ← TOTAL TOTAL → | \$ |

| Parent's | 2008 Untaxed Income Report Annual Amounts | Student's |
|--------------|---|-----------|
| \$ | a. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. | \$ |
| \$ | b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17. | \$ |
| \$ | c. Child support received for all children. Don't include foster care or adoption payments. | \$ |
| \$ | d. Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b. | \$ |
| \$ | e. Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here. | \$ |
| \$ | f. Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here. | \$ |
| \$ | g. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). | \$ |
| \$ | h. Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | \$ |
| \$ | i. Other untaxed income not reported, such as workers' compensation, state/private disability, etc. DO NOT include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Social Security disability, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. | \$ |
| \$XXXXXXXXXX | j. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. | \$ |
| \$ | ← TOTAL TOTAL → | \$ |

Student Signature

Parent Signature

Spouse Signature

Date

RETURN FORM TO:

2009-2010

College of the Canyons
Financial Aid Office
26455 Rockwell Canyon Road
Santa Clarita CA 91355
(661) 362-3242

| | | |
|--|-------|-------|
| Financial Aid Applicant (please print) | | |
| _____ | _____ | _____ |
| Last | First | MI |
| Social Security Number: _____ | | |

AGENCY CERTIFICATION – UNTAXED INCOME

****Complete this side ONLY if you and your spouse, if applicable, and/or parent(s) received benefits from any of the agencies listed in Section A.**

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.

A. Check ALL types of untaxed income received in 2008:

- | | | |
|--|--|--|
| <input type="checkbox"/> State/Private Disability Benefits | <input type="checkbox"/> General Relief | <input type="checkbox"/> Vocational Rehab. |
| <input type="checkbox"/> Pension Benefits | <input type="checkbox"/> Workman's Comp. | <input type="checkbox"/> Veterans Disability |
| <input type="checkbox"/> Unemployment Benefits (not claimed on tax return) | | <input type="checkbox"/> Other |

B. To be completed by the student and spouse, if applicable, and/or parent(s) before submitting to agency.

My/our signatures 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.

Case name under which benefits are paid

Case Number

Student's Signature

Date

Mother's Signature

Date

Social Security No:

Spouse's Signature

Date

Father's Signature

Date

Social Security No:

C. To be completed by the agency providing the benefits.

- The person(s) named above received/receives no assistance from this agency.
- No record Not eligible (Skip to signature authorization section at bottom.)

Benefits received are listed below for the entire family:

TOTAL 2008
1/1/08-12/31/08
\$ _____

Current
Monthly Amount
\$ _____

Type of benefit: _____

Date Benefits Began (Month/Year): _____

Date Benefits End (Month/Year): _____

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

Phone (____) _____

**AGENCY
STAMP HERE**