



Financial Aid Office

411 Central Ave • Salinas, CA 93901 • (831) 755-6806 • FAX (831) 759-6014

Name of Financial Aid Applicant *(Please print)*

Last First Middle

Student ID #: _____

2019 STUDENT'S (SPOUSE *_{IF APPLICABLE}) INCOME CERTIFICATION

I/We did not file, and are not required to file, a 2019 federal income tax return.

List below all of the sources and amounts of money received from January 1, 2019 through December 31, 2019. Include untaxed income (e.g., AFDC/TANF/CalWORKs, SSI, Military Living Allowance, disability) and earnings or income not reported on a federal or state income tax return (e.g., unemployment insurance income if a tax return was not filed).

Source of Money	Annual Amount January 2019 – December 2019
	\$
	\$
	\$
Total	\$

If you claim to be a self-supporting student and if your income was not sufficient to pay rent, food, and other expenses, explain how your expenses were met: *(You may attach a separate sheet if additional space is needed.)*

I/We hereby certify that all information reported on this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Signatures are required for all persons reporting income above.

Signature of Applicant

Date

Signature of Applicant's Spouse

Date

Name of Applicant's Spouse *(Please print)*

All applications for financial assistance programs; i.e., student loans, work Compensation, grants, scholarships, special funds, subsidies, prizes, etc., will be considered by the Hartnell College District / Local School District without regard to race, color, national origin, gender, marital status or disability. Harassment of any employee/student with regard to race, color, national origin, gender, marital status or disability is strictly prohibited.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.