

2020 - 2021

RETURN TO:

OFFICE OF FINANCIAL AID
PORTERVILLE COLLEGE
100 EAST COLLEGE AVENUE
PORTERVILLE CA 93257

Name of Financial Aid Applicant (Please print) BLACK INK ONLY

Last First Middle

Student ID Number: @_____

2018 STUDENT’S (SPOUSE) INCOME CERTIFICATION – FORM C

Attached is a 2018 IRS Federal Income Tax Return Transcript. Call 1-800-908-9946 to request a free copy.

I/We did not file, and are not required to file, a 2018 federal income tax return.

List below all of the sources and amounts of money received from January 1, 2018 through December 31, 2018. Include untaxed income (e.g., SSI, Military Living Allowance, disability) and earnings or income not reported on a federal or state income tax return (e.g., unemployment income if a tax return was not filed).

Source of Money	Annual Amount January 2018 – December 2018
	\$
	\$
	\$
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) _____

California Information Privacy Act

State and federal laws protect an individual’s right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor’s Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form’s information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor’s Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.