| | Name o | Name of Financial Aid Applicant (Please print in Black Ink) | | | | |
|---|---------------------------|---|-------------------------------|----------------|--|--|
| | Last | | First | MI | | |
| | Student | t ID Number: | | | | |
| 2019-2020 PA | CUYAMACA ARENT 2017 IN | COLLEGE | ICATION | | | |
| O Attached is a signed photocopy of my/our 2017 IRS tax transcript(s) or federal tax return and all schedules. Please check if you federal programs: | | | | • | | |
| I/We did not file, and are not required to file, a 2017 federal income tax return. | | | curity Income (SSI) re | | | |
| st below all income amounts received fro ring allowance, disability income, earning | | | | | | |
| Source of Money | | | Annual Ar January 2017 – I | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Total | \$ | | | |
| | | | | | | |
| ease explain how you paid your bas ansportation and other personal need rm) | | | | _ | | |
| | | | | | | |
| | | | | | | |
| We hereby certify that all information report atements or misrepresentation will be cause gnatures are required for all persons rep | e for denial, reduction, | withdrawal, and/or repayr | | ccurate. False | | |
| gnature of Father | Print name | | Date | | | |
| gnature of Mother | Print name | | Date | | | |

| | Name | Name of Financial Aid Applicant (Please print in Black Ink) | | | | |
|--|-------------------------------|---|--|---------------|--|--|
| | Last | | First | MI | | |
| | Stude | ent ID Number: | | | | |
| 2019-2020 STUD | CUYAMA(ENT OR (SPOUS | CA COLLEGE E) 2017 INCOM | IE CERTIFICAT | ION | | |
| tax transcript(s) or federal tax return and all schedules. o I/We did not file, and are not required to file, a 2017 federal income tax return. federal programs: o Supplemental to CalWorks/Well or CalWorks/W | | | 1, 2017. Include SSI, CalWORKs, military | | | |
| living allowance, disability income, earnings from working, unemployment income, Source of Money | | | Annual Aı | nount | | |
| | | | January 2017 – D | ecember 2017 | | |
| | | | \$ | | | |
| | | | \$ | | | |
| | | | \$ | | | |
| | | | \$ | | | |
| | | Total | \$ | | | |
| Please explain how you paid you transportation and other personal | | | | - | | |
| I/We hereby certify that all informatio statements or misrepresentation will be Signatures are required for all person | e cause for denial, reduction | n, withdrawal, and/or re | | curate. False | | |
| Student's Signature | Pri | nt name | Date | | | |
| Spouse's Signature | Pri | nt name | Date | | | |