

METHOD B ENROLLMENT FEE WAIVER

10. **DEPENDENT STUDENT:** How many persons are in your parent(s)/RDP household? (Include yourself, your parent(s)/RDP, and anyone who lives with your parent(s)/RDP and receives more than 50% of their support from your parents/RDP, now and through June 30, 2008.) _____
11. **INDEPENDENT STUDENT:** How many persons are in your household? (Include yourself, your spouse/RDP, and anyone who lives with you and receives more than 50% of their support from you, now and through June 30, 2008.) _____
12. **2006 Income Information**

| | DEPENDENT STUDENT: PARENT(S)/ RDP INCOME | INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME |
|--|--|--|
| a. Adjusted Gross Income (If 2006 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4). | \$ _____ | \$ _____ |
| b. All other income (Include ALL money earned in 2006 that is not included in line (a) above (such as TANF benefits, disability, Social Security, child support). | \$ _____ | \$ _____ |
| TOTAL Income for 2006 (Sum of a + b) | \$ _____ | \$ _____ |

The Financial Aid Office will review your income and let you know if you qualify for an ENROLLMENT FEE WAIVER under Method B. If you do not qualify using this simple method, you should file a FAFSA.

SPECIAL CLASSIFICATIONS ENROLLMENT FEE WAIVERS

13. Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent's fee waiver?
Submit certification. Yes No
14. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver?
Submit certification. Yes No
15. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient?
Submit documentation from the Department of Veterans Affairs. Yes No
16. Are you eligible as a dependent of a victim of the September 11, 2001, terrorist attack?
Submit documentation from the CA Victim Compensation and Government Claims Board. Yes No
17. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty?
Submit documentation from the public agency employer of record. Yes No

• If you answered "Yes" to any of the questions from 13-17, you are eligible for an ENROLLMENT FEE WAIVER and perhaps other fee waivers or adjustments. Sign the Certification below. Contact the Financial Aid Office if you have questions.

CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW

I hereby swear or affirm, under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of this information, which may include a copy of my and my spouse/registered domestic partner and/or my parent's/registered domestic partner's 2006 U.S. Income Tax Return(s). I also realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my waiver. I authorize release of information regarding this application between the college, the college district, and the Chancellor's Office of the California Community Colleges.

Applicant's Signature _____ Date _____ Parent Signature (Dependent Students Only) _____ Date _____

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.

FOR OFFICE USE ONLY

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|---|---|--|--|--|
| <input type="checkbox"/> BOGFW-A <input type="checkbox"/> TANF/CalWORKS <input type="checkbox"/> GA <input type="checkbox"/> SSI/SSP | <input type="checkbox"/> BOGFW-B _____ <input type="checkbox"/> BOGFW-C | <input type="checkbox"/> Special Classification <input type="checkbox"/> Veteran <input type="checkbox"/> National Guard Dependent <input type="checkbox"/> Medal of Honor <input type="checkbox"/> 9/11 Dependent <input type="checkbox"/> Dep. of deceased law enforcement/fire personnel | RDP <input type="checkbox"/> Student <input type="checkbox"/> Parent | <input type="checkbox"/> Student is not eligible |
|---|---|--|--|--|

Comments: _____

Certified by: _____ Date: _____