California Community Colleges

2005-2006 Board Of Governors Fee Waiver Application

This is an application to have your enrollment fees waived. This **FEE WAIVER** is for California residents only. If you need money to help with books, supplies, food, rent, transportation and other costs, please complete a FREE APPLICATION FOR FEDERAL STUDENT AID **(FAFSA)** right away. Contact the Financial Aid Office for more information. The **FAFSA** is available at www.fafsa.ed.gov or at the Financial Aid Office.

Name: _							SSN#				
	Last		First		Middle Initial						
Email (if	available):						Telephone Num	nber: ()			
Home Ad	ddress:	Street		City	Zip Co	ode	Date of Birth: _				
Note: S	tudents wh	ho are exe	mpted from	n paying non		n under Ed	ia resident? ucation Code S fee waiver. Do				
Recent lead the treated a your don student was not be the treated a student was not be the treated as the treat	egislation (A California S as an Indepenestic partna with married	Assembly Bi Secretary of endent marr er. If you a parents an	Il 205) exten State under ied student f re a depend d income an	nds new rights r Section 297 to determine e lent student a d household i	, benefits, respond of the Family Caligibility for this and your parent of mormation will be	onsibilities ar Code. If you Fee Waiver is in a Regis pe required fo	ESPONSIBILITIED AND OBLIGATIONS TO A SECOND IN A REGISTE AND WILL PROPERTY OF THE PARENT'S DO TO THE PARENT'S DO THE PARENT'S DO TO THE PARENT'S DO TO THE PARENT'S D	individuals in dered Domestic provide income Partnership, your promestic partner	Partnership (Re and household will be treated.	DP), you v d informati	will be ion for
"Yes" if y with the If you an income a	<i>ou or your _l California S</i> swered "Ye:	parent are steeretary of some steeretary of some some steel to the que to the following the sound information of the soun	separated from State's Office estion above on or your p	om a Register e.) e treat the Reg arent's domes	ed Domestic Pa yistered Domest stic partner's inc	nrtner but have ic Partner as come and ho	etary of State und ye NOT FILED a s a spouse. You usehold informati	Notice of Term are required to ion in Question	ination of Dome include your do s 3, 6, 7, 8, 9, 1	estic Partn Yes mestic par 0, 11, 12.	<i>nership</i> No
DEPEND	DENCY STA		J			·		3			
1. 2.	Were you As of toda	born before y, are you				tnership? (A	nswer "Yes" if yo	ou are separate		Yes 🗖 ced or hav	ve not
3.							or other depende through June 30,		ith you (other th	an your ch Yes 📮	
4.	Are you ar	n orphan or	a ward of the	e court, or we	re you a ward of	f the court ur	ntil your 18th birth	hday?		Yes 🗖	No
house	answered chold inforr answered If your par	"Yes" to mation abo "No" to all rent(s) or his	ut yourself questions 1	questions 1 (and your spolet I - 5, complet led or will file	ouse or RDP if e the following	applicable); questions:	an INDEPENDE . Skip to Questi eturn, were you, o	ion #8. or will you be cl	laimed on their		e and as an
your F If you excep your F	answered PARENT(S) answered It this fee v	"No" to qu /RDP. Ple "No" or "F <u>vaiver.</u> Yo formation a	estions 1 - ase answer Parent(s) wo u may answ	5 and "Yes" questions fo on't file" to o wer question	or a DEPENDEN question 6, and s as an INDEP	ion 6 or 7, y NT student i d "No" to qu ENDENT st	rou must provid in the sections th uestion 7, <u>you a</u> udent on the re ther student aid	hat follow. are a depende est of this app	household info nt student for lication, but pl	all stude ease try t	about nt aid to get
METHO			NII NA								
8.	TANF/Call	WORKs? Supplement		, ,	monthly cash as Supplemental P		m:		_ _ _	Yes I	No
	primary so answered	ource of inco "Yes" to o	me? juestion 8 d	or 9 you are	eligible for a F	EE WAIVEI	nly cash assistar R. Sign the Cer ce for the FAF	rtification at th	ne end of this	Yes 🗖 form. Yo	No ou are

opportunities.

10.		NDENT STUDE our parent(s) and									t(s), and anyone	who lives
11.	INDEPENDENT STUDENT: How many persons are in your household? (Include yourself, your spouse, and anyone who lives with and receives more than 50% of their support from you, now and through June 30, 2006.)									s with you		
12.	2004	Income Informati	tion	• •	-			-				
								NT STUDE IT(S)/ RDF COME			EPENDENT STUDENT: ENT (& SPOUSE'S/ RDP) INCOME	
	a.			e (If 2004 U.S. Income Tax Return was from Form 1040, line 34; 1040A, line 21;								
	b.	1040EZ, line 4 or Telefile, line		I). L money earned in 2004 that is not		\$			\$		_	
	υ.		line (a) above. Include		de TANF benefits, disability, Social		¢		\$			
		TOTAL Income for	• •	of a + b)			\$		_	\$		_
using thi	is simp	Aid Office will replace will replace will replace with the method, you	should file			know if you	qualify for a FI	EE WAIN	/ER und	ler Method	d B. If you do n	ot qualify
	. Do y		ition from the			ent of Veteran	s Affairs or the I	National	Guard A	djutant Ge	eneral that you are	
14	. Are Sept	you eligible as a	a recipient of terrorist atta	f the Cor	ngressional						endent of a victin CA Victim Comp U Yes U	m of the ensation
	15. 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 and income information. ☐ Yes ☐ No • If you answered "Yes" to question 13, 14, or 15, you are eligible for a FEE WAIVER. Sign the Certification at the end of this form.											
• It you	u answ	iered "Yes" to q	uestion 13,	14, or 15	, you are ei	ligible for a r	EE WAIVER.	Sign the	Certific	ation at in	e end of this for	m.
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Applicant's	Signatur	re			Date	 Parer	nt Signature (Depen	ndent Stude	nts Only)			Date
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☐ BC)GFW- <i>F</i>	4 0	BOGFW-	☐ Sp	FO pecial Classific	R OFFICE US	E ONLY		RDP		☐ Student is r	not
		/CalWORKs B	DOGFW-		Vet/Nationa					Student	eligible	101
	GA SSI/SS	SP C	BOGFW-			onor/or 9/11 Deceased law enfo	ependent orcement/fire pers	sonnel		Parent		
Notes:												
Certified	d bv:						1	Date:				

METHOD B