



411 CENTRAL AVENUE y SALINAS, CA 93901 y (831)7556806 y FAX (831) 7556957

Name of Financial Aid Applicant (Please print)

| | | |
|---------------------|-------|--------|
| | | |
| Last | First | Middle |
| Student ID #: _____ | | |

2022 Parent (SPOUSE * IF APPLICABLE) INCOME CERTIFICATION

I/We did not file, and are not required to file, a 2021 federal income tax return.

List below all of the sources and amounts of money received from January 1, 2022 through December 31, 2022. 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 2022 – December 2022 |
|-----------------|---|
| | \$ |
| | \$ |
| | \$ |
| Total | \$ |

Explain special circumstances (if any) concerning your financial situation. (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 required for all persons reporting income above.

Signature of Parent #1

Date

Signature of Parent #2

Date

All applications for FINANCIAL AID OFFICE

WARNING: If you purposely give false or misleading information on this worksheet, you may be guilty of a crime.