



2023-2024 UNTAXED INCOME VERIFICATION FORM

Student's Name: _____ GCC ID#: _____

INSTRUCTIONS: Section A must be completed by the person whose name appears on the case before submitting the form to their caseworker. Incomplete forms may be returned to the student by the Financial Aid Office. A separate Untaxed Income Verification form must be completed for each case and type of untaxed income. Section B must be completed by the caseworker of the agency providing benefits.

SECTION A: TO BE COMPLETED BY THE PERSON RECEIVING THE BENEFIT

I authorize the appropriate office/agency to provide the information requested by the Financial Aid Office at Glendale Community College for the benefit indicated below.

RECIPIENT-Case name under which benefits are paid (please print): _____

Relationship of Recipient to student: _____

Recipient's Signature: _____

- Checkboxes for TANF/CalWORKs, General Relief, Supplemental Security Income, Social Security Benefits, CAPI, Cal Fresh/SNAP, Federal/State Disability Benefit, Refugee Cash Assistance, and Other.

SECTION B: TO BE COMPLETED BY THE AGENCY PROVIDING THE BENEFIT

Federal and State regulations relative to student financial aid require coordination and verification of all family financial resources. The information provided below will be used only to determine financial aid eligibility and will be kept confidential by the Financial Aid Office at Glendale Community College pursuant to Sections 76200-76246 of the California Education Code and the 1974 Family Education Rights and Privacy Act.

The person named above in Section A received/receives no assistance from this agency.

Checkboxes for No Record and Not Eligible (Reason): _____

The person named above in Section A received cash benefits as follows. (Please use a separate page if more space is required)

Table with 4 columns: Type of Benefit, Benefit Began (Month/Year), 2021 Cash Received (01/01/2021 - 12/31/2021), Current Monthly Amount

Agency Representative (Print Full Name) _____

Title/Official Position _____

Signature of Agency Representative _____

Date _____

Telephone Number _____

AGENCY STAMP REQUIRED

UNSIGNED FORMS WILL NOT BE PROCESSED