

Attention: CARE Department
EOPS/CARE – E5, Room 416
Los Angeles Trade Technical College
400 W. Washington Blvd.,
Los Angeles, CA 90015, Fax: (213)763-5393
Email: lattceops@gmail.com

Name of CARE Applicant (Please Print)

Last First M.

Student ID _____ - _____ - _____ Phone Number (_____) _____ - _____
(Important must provide number)

AGENCY CERTIFICATION-UNTAXED INCOME

Federal and State regulations relative to student financial aid mandate coordination and verification of all family financial resources. The information provided below will be used only to determine CARE eligibility and will be kept confidential by the campus pursuant to Sections 76200-76246 of the California Educational Code and the 1974 Family Education Rights and Privacy Act.

To be completed by student, spouse, and/or parent before submitting to agency:
I authorize the appropriate office/agency to provide the information requested by the school listed above.

Case Name under which benefits are paid Case Number

Applicant's Signature

ALL ITEMS BELOW ARE TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS:

(1) Status

- Neither the person(s) named above nor any dependent under 18 receives assistance from this agency.
- No Record
- Not eligible - Reason:
- Yes, person named above and/or child under 18 years of age receives cash aid benefits.

Type of benefit _____
For entire family, including applicant \$ _____
Date Benefits began _____
Month/Year

(2) Is change or termination of benefit(s) anticipated during the year? Yes No

If yes, explain change or give date of termination _____

PLEASE ANSWER – VERY IMPORTANT

(3) Is the person named above the single head of household? Yes No

(4) Number of Children applicant has legal guardianship of? _____

(5) Number of Children under age 18 receiving benefits? _____

Agency Representative (type of print) Title/Official Position

Signature

Agency Address

(_____)
Telephone Number

AGENCY STAMP REQUIRED