

Fall 20\_\_\_\_/Spring 20 \_\_\_\_\_

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

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**