Print Clear all fields

**2024-2025**

COLLEGE OF MARIN

**Name of Financial Aid Applicant** (*Please print*)

_____

**Last** **First** **Middle**

**Student ID Number**: _____

# 2022 PARENTS' INCOME CERTIFICATION

☐ I/We did not file, and are not required to file, a 2022 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., CalWORKs, SSI, Military Living Allowance, disability income) and earnings or income not reported on a federal or state income tax return (e.g., unemployment insurance income if tax return not filed).

| Source of Money | Annual Amount January 2022 – December 2022 |
|---|---|
| | $ |
| | $ |
| | $ |
| **Total** | $ 0.00 |

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 are required for all persons reporting income above.**

Signature of Student _____ Date _____

Name (*Please print*) _____

Signature of Parent(s) _____ Date _____

Name (*Please print*) _____

**California Information Privacy Act**

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance.

This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.