



**METHOD B**

12. **DEPENDENT STUDENT:** How many persons are in your parent(s)' household? (Include yourself, your parent(s), and anyone who lives with your parent(s) and receives more than 50% of their support from your parents.) \_\_\_\_\_

13. **INDEPENDENT STUDENT:** How many persons are in your household? (Include yourself, your spouse, and anyone who lives with you and receives more than 50% of their support from you.) \_\_\_\_\_

	<b>DEPENDENT STUDENT: PARENT(S) INCOME</b>	<b>INDEPENDENT STUDENT: STUDENT (AND SPOUSE'S) INCOME</b>
14. 2002 Income Information:		
a. Adjusted Gross Income (If 2002 U.S. Income Tax Return was filed, enter the amount from Form 1040, Line 35; Form 1040A, Line 21; Form 1040EZ, Line 4 or Telefile, Line I.)	\$ _____	\$ _____
b. All Other Income (Include <b>ALL</b> money received in 2002 that is not included in line (a) above.)	\$ _____	\$ _____
15. <b>Total</b> Income for 2002 (Sum of a. + b.)	\$ _____	\$ _____

The Financial Aid Office will review your income and let you know if you qualify for an automatic FEE WAIVER. Even if you do not qualify using this simple method, you should file a FAFSA. Many, many students do not qualify under Method A or B but still qualify for a FEE WAIVER and MORE FINANCIAL AID by filing the FAFSA. The Financial Aid Office will give you forms and information.

**CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW**

I hereby swear or affirm, under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. **If asked by an authorized official, I agree to give proof, which may include a copy of my and/or my parent's 2002 U.S. Income Tax Return.** I also realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my waiver. I authorize release of information regarding this application between the college, the college district, and the Chancellor's Office of the California Community Colleges.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent's Signature*

*(Dependent Students Only)*

\_\_\_\_\_  
*Date*

**This application will only waive your fees. Please file an application for additional student aid. To see if you qualify for more aid, complete a FAFSA. The FAFSA is available at the Financial Aid Office or at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).**

**FOR OFFICE USE ONLY**

Check one of the following:

Notes

- |                                                               |       |
|---------------------------------------------------------------|-------|
| <input type="checkbox"/> BOGFW-A                              | _____ |
| <input type="checkbox"/> TANF/CalWORKs                        | _____ |
| <input type="checkbox"/> GA                                   | _____ |
| <input type="checkbox"/> SSI/SSP                              | _____ |
| <input type="checkbox"/> VET/NG DEP                           | _____ |
| <input type="checkbox"/> MEDAL of HONOR/ or<br>9/11 DEPENDENT | _____ |
| <input type="checkbox"/> BOGFW-B                              | _____ |
| <input type="checkbox"/> BOGFW-C                              | _____ |
| <input type="checkbox"/> Student is not eligible              | _____ |

**CERTIFIED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_