## California Community Colleges 2016-17 Board of Governors Fee Waiver Application

This is an application to have your **ENROLLMENT FEES WAIVED**. If you need money to help with books, supplies, food, rent, transportation and other costs, please complete a FREE APPLICATION FOR FEDERAL STUDENT AID (**FAFSA**) or the California **Dream Application (for eligible AB 540 students)** immediately. **The FAFSA is available at www.fafsa.ed.gov and the Dream Application is available at http://dream.csac.ca.gov/.** Contact the Financial Aid Office for more information.

## IMPLEMENTATION OF Assembly Bill 1899: Victims of Trafficking, Domestic Violence and other Serious Crimes

AB 1899, chaptered in September of 2012, provides for a non-resident enrollment fee exemption for "Victims of trafficking, domestic violence and other serious crimes". In addition, the legislation allows these students to apply for and, if eligible, receive financial aid from programs administered by public postsecondary institutions or the state of California. Finally, the legislation provides that enrollment fees shall be waived for these students who apply for and are eligible to receive Board of Governor enrollment fee waivers.

This **FEE WAIVER** application is for California residents, eligible AB 540 students, and eligible AB 1899 students, as determined by the Admissions or Registrar's Office. If you have not had your California residency or eligibility status determined by the Admissions or the Registrar, please see one of those offices to obtain the valid determination. Fee waiver eligibility cannot be determined until your status has been verified. Has the Admissions or Registrar's Office determined that you are a California resident? ☐ Yes ☐ No If no, has the Admissions or Registrar's Office determined that you are eligible for a non-resident tuition exemption as an AB 540 student? ☐ Yes ☐ No If no, has the Admissions or Registrar's Office determined that you are eligible for a non-resident tuition exemption granted as a result of you residing in the United States with a "T" or "U" visa (immigration status under Section 1101(a)(15)(T)(i) or (ii), or Section1101 (a)(15)(U)(i) or (ii), of Title 8 of the United States Code)? ☐ Yes ☐ No Student ID # \_\_\_\_\_\_ Middle Initial Email (if available): \_\_\_\_\_\_ Telephone Number: (\_\_\_\_\_) Home Address: Street City IMPLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT The California Domestic Partner Rights and Responsibilities Act extends rights, benefits, responsibilities and obligations to individuals in domestic partnerships registered with the California Secretary of State under Section 297 of the Family Code. If you are in a Registered Domestic Partnership (RDP), or legal same sex marriage, you will be treated as an Independent married student to determine eligibility for this Enrollment Fee Waiver and will need to provide income and household information for your domestic partner. If you are a dependent student and your parent is in a Registered Domestic Partnership, or legal same sex marriage, you will be treated the same as a student with married parents and income and household information will be required for the parent's domestic partner. Note: These provisions apply to state student financial aid ONLY, and not to federal student financial aid.

Are you or your parent in a Registered Domestic Partnership with the California Secretary of State under Section 297 of the Family Code? (Answer "Yes" if you or your parent are separated from a Registered Domestic Partner but have **NOT FILED** a Notice of

If you answered "Yes" to the question above, treat the Registered Domestic Partner as a spouse. You are required to include your domestic partner's income and household information or your parent's domestic partner's income and household

Termination of Domestic Partnership with the California Secretary of State's Office.)

Student Marital Status

Single 
Married 
Divorced 
Separated 
Widowed 
Registered Domestic Partnership

information in Questions 4, 11, 12, 13, 14, 15, 16, 17.

## **DEPENDENCY STATUS**

The questions below will determine whether you are considered a Dependent student or Independent student for fee waiver eligibility and whether parental information is needed. If you answer "Yes" to **ANY** of the questions 1-10 below, you will be considered an INDEPENDENT student. If you answer "No" to all questions, you will be considered a Dependent student thereby reporting parental information and should continue with Question 11.

1.	Were you born before January 1, 1993?		Yes		No				
2.	As of today, are you married <b>or</b> in a Registered Domestic Partnership (RDP)? (Answer "Yes" if you are separate or have not filed a termination notice to dissolve partnership.	arated <b></b>	d but i Yes						
3.	Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than train.	ing? ⊿	Yes		No				
4.	Do you have children who will receive more than half of their support from you between July 1, 2016-June 30 dependents who live with you (other than your children or spouse/RDP) who receive more than half of their sand through June 30, 2017			т уог					
5.	At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you of the court?	ı a de	pende Yes		ward No				
6.	Are you or were you an emancipated minor as determined by a court in your state of legal residence?		Yes		No				
7.	Are you or were you in legal guardianship as determined by a court in your state of legal residence?		Yes		No				
8.	At any time on or after July 1, 2015, did your high school or school district homeless liaison determine that your unaccompanied youth who was homeless	ou we			No				
9.	At any time on or after July 1, 2015, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?  ——————————————————————————————————								
10.	At any time on or after July 1, 2015, did the director of a runaway or homeless youth basic center or transitio determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of		) home	eless					
• If you answered "Yes" to any of the questions 1 - 10, you are considered an INDEPENDENT student for enrollment fee waiver purposes and must provide income and household information about yourself (and your spouse or RDP if applicable). Skip to Question #13.									
If you answered "No" to all questions 1 - 10, complete the following questions:									
11.	If your parent(s) or his/her RDP filed or will file a 2015 U.S. Income Tax Return, were you, or will you be claim as an exemption by either or both of your parents?  — Will Not File  — —		on the						
12.	Do you live with one or both of your parent(s) and/or his/her RDP?								

- If you answered "No" to questions 1 10 and "Yes" to either question 11 or 12, you must provide income and household information about your PARENT(S)/RDP. Please answer questions for a DEPENDENT student in the sections that follow.
- If you answered "No" or "Parent(s) will not file" to question 11, and "No" to question 12, you are a dependent student for all student aid except this enrollment fee waiver. You may answer questions as an INDEPENDENT student on the rest of this application, but please try to get your PARENT information and file a FAFSA so you may be considered for other student aid. You cannot get other student aid without your parent(s') information.

13.	Are you (the student <b>ONLY</b> ) currently receiving monthly cash assistance for yourself or any dependents from:									
	TANF/CalWORKs?		☐ Yes ☐	No						
	SSI/SSP (Supplemental Security Income/State Supplemental	al Program)?	☐ Yes ☐	No						
	General Assistance?		☐ Yes ☐	No						
14.	If you are a dependent student, are your parent(s)/RDP receiving a primary source of income?	g monthly cash assistance fron	m TANF/CalWO ☑ Yes ☑							
If you answered "Yes" to question 13 or 14 you are eligible for an ENROLLMENT FEE WAIVER. Sign the Certification at the end of this form. You are required to show current proof of benefits. Submit application and documentation to the financial aid office.										
ME	THOD B ENROLLMENT FEE WAIVER									
15. <b>DEPENDENT STUDENT:</b> How many persons are in your parent(s)/RDP household? (Include yourself, your parent(s)/RDP, and anyone who lives with your parent(s)/RDP and receives more than 50% of their support from your parents/RDP, now and through June 30, 2017.)										
16. <b>INDEPENDENT STUDENT:</b> How many persons are in your household? (Include yourself, your spouse/RDP, and anyone who lives with you and receives more than 50% of their support from you, now and through June 30, 2017.)										
17.	2015 Income Information	DEDENDENT OTHERS	MDEDENS	CNT OTUBENT						
	(Dependent students should not include their income information for Q 17 a and b below.)  a. Adjusted Gross Income (If 2015 U.S. Income Tax	DEPENDENT STUDENT: PARENT(S)/ RDP INCOME ONLY		PENT STUDENT: (& SPOUSE'S/ DME						
	Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4).	\$	\$							
	b. All other income (Include ALL money received in	<u> </u>	Ψ							
	2015 that is not included in line (a) above (such as disability, child support, military living allowance,									
	Workman's Compensation, untaxed pensions).	\$	\$							
	TOTAL Income for 2015 (Sum of a + b)	\$	\$							
	Financial Aid Office will review your income and let you kno hod B. Submit application and documentation to the financia		DLLMENT FEE	WAIVER under						
If you do not qualify using Method A or Method B, you should file a FAFSA (for U.S. citizens or eligible non-citizens) or the California Dream Application (for undocumented AB 540 students). The FAFSA is available at www.fafsa.gov and the Dream Application is available at http://dream.csac.ca.gov/. Contact the Financial Aid Office for more information.										
SF	PECIAL CLASSIFICATIONS ENROLLMENT FEE WAIVERS									
18	. Do you have certification from the CA Department of Veterans A	Affairs that you are eligible for	a dependent's f	ee waiver?						
40	Submit certification.		<del>-</del>	7 Yes □ No						
19	<ul> <li>Do you have certification from the National Guard Adjutant Gen Submit certification.</li> </ul>	eral that you are eligible for a (	dependent's fee _	e waiver? ☑ Yes ☑ No						
20	. Are you eligible as a recipient of the Congressional Medal of Ho		?	- 100 <b>-</b> 110						
21	Submit documentation from the Department of Veterans At . Are you eligible as a dependent of a victim of the September 11			☑ Yes ☑ No						
	Submit documentation from the CA Victim Compensation a	and Government Claims Board		7 Yes 🛭 No						
22	<ul> <li>Are you eligible as a dependent of a deceased law enforcement Submit documentation from the public agency employer of</li> </ul>		_	of duty? ☑ Yes ☑ No						
<ul> <li>If you answered "Yes" to any of the questions from 18-22, you are eligible for an ENROLLMENT FEE WAIVER and perhaps other fee waivers or adjustments. Sign the Certification below. Submit application and documentation to the financial aid office. Contact the Financial Aid Office if you have questions.</li> </ul>										

## 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 provide proof of this information, which may include a copy of my and my spouse/registered domestic partner and/or my parent's/registered domestic partner's 2015 U.S. Income Tax Return(s). 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.

understand the following i	nformation (please	check each box):			
transportation and financial assistance  I may apply for an (certificate, associate)	I room and board e ce may be available d receive financial iate degree or trans	xpenses). By comple in the form of Cal G assistance if I am er sfer).	help with college costs (in leting the FAFSA or the Ca Grants, Pell and other gran nrolled, either full time or p ance is available in the coll	alifornia Dream Ap ts, work study and art time, in an elig	oplication, additional d other aid. ible program of study
Applicant's Signature		Date	Parent Signature (Depende	ent Students Only)	Date
CALIFORNIA INFORMATION F	RIVACY ACT				
State and federal laws proteractices Act of 1977 requires bout themselves. The princhancellor's Office policy and information. Failure to proving formation may be transmaccess to records establish. The officials responsible for which you are applying for o January 1, 1975. If your college for further information, do not discriming transportation, domestic partner inancial aid office of the college and inancial aid office and	res the following in- ncipal purpose for rand the policy of the vide such information itted to other state a ned from information r maintaining the in financial aid. The S college requires you rmation. The Char nate on the basis of ership or any other	formation be provided requesting information be community college on will delay and mate agencies and the feat of furnished on this formation contained as SN may be used to be used to provide an SSN may be used to be used to provide an SSN may be used to be used to provide an SSN may be used to be used to provide an SSN may be used to be used to provide and the provided by the pr	ed to financial aid applicant on on this form is to determ to which you are applying yeven prevent your receipteral government if required orm as it pertains to them.  on this form are the finance verify your identity under N and you have questions, the California community or national origin, gender, a	ts who are asked nine your eligibility for aid authorize of financial assisted by law. Individual aid administrate record keeping sy you should ask the olleges, in compliage, disability, med	to supply information of for financial aid. The maintenance of this stance. This form's uals have the right of tors at the institutions to estems established prior the financial aid officer at ance with federal and ical condition, sexual
FOR OFFICE USE ONLY	•				
□ BOGFW-A □ TANF/CalWORKs □ GA □ SSI/SSP	BOGFW-B BOGFW-C		fication  National Guard Dependent  nor 9/11 Dependent eased law enforcement/fire	RDP  Student  Parent	Student is not eligible
Comments:					
Certified by:			Date:		