

Riverside Community College
2008-2009 Board of Governors Fee Waiver Application

This is an application to have your enrollment fees waived. This **FEE WAIVER** is for California residents only. 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**) right away. The **FAFSA** is available at www.fafsa.ed.gov. Be sure to list RCC, using our federal school code #001270, as your school choice. For more information, visit our website at www.rcc.edu/studentfinancialservices.

Name: _____ SSN# _____

Home Address: _____ Telephone Number: (____) _____

Email Address: _____ Date of Birth: ____/____/____

Has the RCC Admissions & Records Office determined that you are a California resident? Yes No

Note: Students who are exempted from paying nonresident tuition under Education Code Section 68130.5 (AB 540) are NOT California residents. If you are not a California resident you are not eligible for this fee waiver. Do not complete this application.

IMPLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT

Are you or your parent in a Registered Domestic Partnership (RDP) 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 Termination of Domestic Partnership with the California Secretary of State's Office.) Yes No

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 information in Questions 5, 6, 7, 13, 14, 15, 16, and 17.

Student Marital Status: Single Married Divorced Separated Widowed Registered Domestic Partnership

DEPENDENCY STATUS

1. Were you born before January 1, 1985? Yes No
 2. Are you a veteran of the U. S. Armed Forces or currently serving on active duty for purposes other than training? Yes No
 3. As of today, are you married or in a Registered Domestic Partnership? (Answer "Yes" if you are separated but not divorced or have not filed a termination notice to dissolve partnership.) Yes No
 4. Are (a) both your parents deceased, or (b) are you (or were you until age 18) a ward/dependent of the court? Yes No
 5. Do you have children who receive more than half of their support from you, or other dependents who live with you (other than your children and spouse/RDP) who receive more than half of their support from you, now and through June 30, 2009? Yes No
- If you answered "Yes" to any of the questions 1 - 5, you are considered an **INDEPENDENT** student for fee waiver purposes and must provide income and household information about yourself (and your spouse or RDP if applicable). Skip to Question #8.
 - If you answered "No" to all questions 1 - 5, complete the following questions:
 6. If your parent(s) or his/her RDP filed or will file a 2007 U.S. Income Tax Return, were you, or will you be claimed on their tax return as an exemption by either or both of your parents? Will not File Yes No
 7. Do you live with one or both of your parent(s) and/or his/her RDP? Yes No
 - If you answered "No" to questions 1 - 5 and "Yes" to either question 6 or 7, 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 6, and "No" to question 7, you are a dependent student for all student aid except this 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.

SPECIAL CLASSIFICATIONS FEE WAIVERS

8. Do you have certification from the California Department of Veterans Affairs that you are eligible for a dependent's fee waiver?
Submit certification. Yes No
 9. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver?
Submit certification. Yes No
 10. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient?
Submit documentation from the Department of Veterans Affairs. Yes No
 11. Are you eligible as a dependent of a victim of the September 11, 2001, terrorist attack?
Submit documentation from the CA Victim Compensation and Government Claims Board. Yes No
 12. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty?
Submit documentation from the public agency employer of record. Yes No
- If you answered "Yes" to question 8, 9, 10, 11, or 12, you are eligible for an **ENROLLMENT FEE WAIVER** and perhaps other fee waiver or adjustments. Submit the required documentation, complete the income section in Method B and sign the Certification at the end of this form.

METHOD A

13. Are you (the student ONLY) currently receiving monthly cash assistance from:
 TANF/CalWORKs? Yes No
 SSI/SSP (Supplemental Security Income/State Supplemental Program)? Yes No
 General Assistance? Yes No
14. If you are a dependent student, are your parent(s)/RDP receiving monthly cash assistance from TANF/CalWORKs or SSI/SSP as a primary source of income? Yes No
- If you answered "Yes" to question 13 or 14 you are eligible for a FEE WAIVER. You are required to show current proof of benefits (within the last 30 days) and complete the income section in Method B. If you answered "No" complete the income section in Method B and sign the Certification at the end of this form. Go to www.fafsa.ed.gov to apply for other financial aid opportunities.

METHOD B

15. **DEPENDENT STUDENT:** 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, 2009.) _____
16. **INDEPENDENT STUDENT:** 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, 2009.) _____
17. **2007 Income Information**

	DEPENDENT STUDENT: PARENT(S)/ RDP INCOME	INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME
a. Adjusted Gross Income (If 2007 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4).	\$ _____	\$ _____
b. All other income (Include ALL money earned or received in 2007 that is not included in line (a) above (such as TANF benefits, disability, Social Security, child support)	\$ _____	\$ _____
TOTAL Income for 2007 (Sum of a + b)	\$ _____	\$ _____

Income Certification: If you list zero income in question #17 or your income is unverifiable, briefly explain the circumstances that provided Student (and spouse/RDP) or Parent(s)/RDP source of support during the last tax year (2007). Note: Your application will not be processed if you leave this statement blank with zero income reported in question #17.

- The Financial Aid Office will review your income and let you know if you qualify for a FEE WAIVER under Method B. If you do not qualify using this simple method, you should file a FAFSA at www.fafsa.ed.gov. Many students do not qualify under Method A or B but still qualify for a Fee Waiver and more financial assistance by completing the FAFSA.

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 2007 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.

Applicant's Signature Date Parent Signature (Dependent Students Only) Date

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.

FOR OFFICE USE ONLY				
<input type="checkbox"/> BOGFW-A <input type="checkbox"/> TANF/CalWORKs <input type="checkbox"/> GA <input type="checkbox"/> SSI/SSP	<input type="checkbox"/> BOGFW-B <input type="checkbox"/> BOGFW-C EFC= _____	<input type="checkbox"/> Special Classification <input type="checkbox"/> Veteran <input type="checkbox"/> National Guard Dependent <input type="checkbox"/> Medal of Honor <input type="checkbox"/> 9/11 Dependent <input type="checkbox"/> Dep. of deceased law enforcement/fire personnel	RDP <input type="checkbox"/> Student <input type="checkbox"/> Parent	<input type="checkbox"/> Student is not eligible <input type="checkbox"/> AIDE <input type="checkbox"/> BOGW <input type="checkbox"/> NASU

Comments: _____

Certified by: _____ Date: _____

