



Income Verification: All applications must complete this section, whether or not you believe you qualify as low-income.

As a federally funded TRIO program, Student Support Services is required to provide documentation of a student's eligibility for the program to the U.S Department of Education and implement the TRIO regulations that state two-thirds of the students served must meet federal low-income guidelines.

Parents/Guardian income information and signature are required if the student can still be claimed as dependent according to Federal Financial Aid law. **Student Support Services assures that all family and student information is kept confidential.**

6. Indicate whether you are independent or dependent student.

I am a **DEPENDENT** student. A **DEPENDENT** student is:

- Under the age of 24 (even if you don't live with your parent(s)/ legal guardian(s) and/or they don't provide financial support)  
Was claimed as a dependent on the parents'/ legal guardians' federal tax return  
*Dependent students* must ask their parent(s)/ legal guardian(s) to complete questions 7 and 8 related to their financial information. Parent or legal guardian must sign the form.

I am an **INDEPENDENT** student. An **INDEPENDENT** student meets *one of the following*:

- 24 yrs old or older  
Has legal dependents (children) (and you provide more than 50% of their support)  
Married  
Veteran (US Armed Forces)  
Was/ is in foster care or legal guardianship  
*Independent students* can complete questions 7 and 8 related to financial information for themselves. The student can sign the form.

7. Please indicate if you filed a Federal or State tax return with the Internal Revenue Service for the previous tax year.

I hereby certify that I **DID NOT FILE a Federal or State tax return** documenting my income.

I hereby certify that I **DID FILE a Federal or State tax return** documenting my income.

8. Even if you did not file taxes, select the size of your (student's parent/ guardian) family household for the previous tax year

*(If you did submit taxes, this information is on IRS Form 1040 & IRS Form 1040A: Box 6d):*

1 2 3 4 5 6 7 8+

9. Even if you did not file taxes, check what box best describes your (student's parent/ guardian) taxable income for the previous tax year

*(If you did submit taxes, this information is on IRS Form 1040: Line 43, IRS Form 1040A: Line 27, IRS Form 1040EZ: Line 06):*

Below \$19,320	Below \$46,560	Below \$73,800
Below \$26,130	Below \$53,370	Other: _____
Below \$32,940	Below \$60,180	
Below \$39,750	Below \$66,990	

### Income Statement Certification

I certify that the information I have furnished regarding the size of my family household and taxable income is true to the best of my knowledge on this date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_.

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent /Legal Guardian of a **Dependent** Student Printed Name: \_\_\_\_\_

Parent /Legal Guardian of a **Dependent** Student Signature: \_\_\_\_\_

**III. BACKGROUND INFORMATION**

10. Would you consider yourself of **Hispanic/ Latino ethnic background** (i.e., Hispanic/Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- Yes, I am Hispanic/ Latino ethnic background
- No, I am not of Hispanic/ Latino ethnic background

11. Which **racial background** do you most self-identify with? (We know these categories suck. We are sorry. They are based on how the government requires us to report race. Please check the best fit according to the descriptions.)

- American Indian/ Native Alaskan (i.e., a person having origins in any of the original peoples of North, Central, and South America).
- Asian (i.e., a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- Black/ African American/ Haitian (i.e., a person having origins in any of the black racial groups of Africa).
- White (i.e., a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
- Native Hawaiian/ Other Pacific Islander (i.e., a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

12. We recognize the unique challenges that certain groups may face. To help better understand and support our TRIO SSS family, please let us know if you consider yourself a part of any of these (or any other) special populations?

- Experiencing Homelessness
- Formerly Incarcerated
- Foster Youth
- Single Parent
- Veteran
- Other: \_\_\_\_\_

13. Are you apart of any other WLAC student support / academic programs?

- Accelerated Transfer Program (ACT)
- CalWORKs/ GAIN
- CARE
- College 2 Career
- Disabled Student Program & Services (DSPS)
- DREAM Resource Center
- EOP&S
- First Year Pathways
- Honors Program NEXT
- UP / Foster Youth
- Puente
- Veteran Resources
- Other: \_\_\_\_\_

14. Have you utilized any of the following campus resources?

- Associated Student Organization (ASO)
- Child Care Center
- Food Pantry
- Student Health Center
- West Wardrobe
- Work Study
- Other: \_\_\_\_\_

15. How did you learn about TRIO SSS?

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16. GOALS- What are your academic, life, and career goals? We know this is a big question, so think of it like this...

Where do you see yourself in 5 years? In 10 years?

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17. MOTIVATION- What are your personal interests and motivators? In other words, when life gets hard, what keeps you going?

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18. CHALLENGES- In your own words, please describe the factors that may hinder you from completing your goals.

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19. STRENGTHS- In spite of difficulties, what are you proud of (include both academic and personal success).

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20. RESOURCES- Who are the people or resources that have supported you in reaching your goals?

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21. SUPPORT- Why do you want to join TRIO SSS? How can TRIO SSS best support you?

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22. Is there anything else (professional, academic, or personal) you would like to share?

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**IV. PARTICIPATION CONSENT RELEASE OF RECORDS**

***Please read carefully before signing. Please initial each after reading***

\_\_\_\_\_ I hereby understand that TRIO SSS may require me to **submit hard copies** of the following document(s) **once TRIO SSS resumes in-person, physical services at WLAC.**

- As a Federally Funded Program, and in order for us to consider you for the WLAC TRIO SSS program, we require a COPY of the following documents: Photo ID, Social Security Card, Comprehensive Education Plan (CSEP), Unofficial Transcripts, and Verification of disability from WLAC if applicable.
- For proof of residency, we require a COPY of either your U.S. Birth Certificate, U.S. Passport Card, U.S. Citizen Identification Card (I-97, I-79), Certificate of Citizenship (N560, N561), Naturalization (N550, N570, N578), Permanent Resident/Resident Alien Card (I-551, I-151, I-551C) OR Non-citizen Eligible for Federal Financial Aid (I-94).
- For proof of income, we require your most recent SIGNED Federal Income taxes, with the number of family members and taxable income OR proof of non-filing Federal Income taxes from IRS (4506-T).

\_\_\_\_\_ I hereby certify that the information I have provided is true and correct to the best of my knowledge. I understand that this information will be kept confidential and shared only among the TRIO SSS staff to help determine my eligibility. *I understand acceptance into the program is not guaranteed* and that, in the case that I am not selected, my application and personal information will be destroyed within one month.

\_\_\_\_\_ I hereby consent to the release of the following information to the TRIO SSS Program:

1. Release of information and academic records from **Admissions and Institutional Research** in order to determine eligibility for the program, assist in determining needs, provide program services, track persistence, graduation and transfer.
2. Release of information and financial records from the **Financial Aid Office** in order to determine eligibility for the program, provide program services, and obtain potential grant aid.
3. Release of information from the **Disabled Student Services Office** in order to determine program eligibility under this category (if applicable).
4. Release of **photographs** to be use for publications such as newsletters, brochures, or the website.

\_\_\_\_\_ I also understand that the TRIO SSS staff can assist me in achieving my goals *only if I am an active participant in the program.*  
I understand that failure to meet my responsibilities as required by the program can result in suspension or termination from the program.

**Student Printed Name:** \_\_\_\_\_

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

**Student Signature:** \_\_\_\_\_

**WLAC ID#:** \_\_\_\_\_

**TRIO SSS Staff Signature:** \_\_\_\_\_

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

**TRIO SSS Director Signature:** \_\_\_\_\_

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