

**RETURN TO:**

**2011-2012**

**Office of Financial Aid  
California Lutheran University  
60 West Olsen Road #1375  
Thousand Oaks, CA 91360  
PHONE (805) 493-3115  
FAX (805) 493-3114**

<b>Name of Financial Aid Applicant</b> <i>(Please print)</i>		
_____	_____	_____
<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>Student ID Number:</b> _____		

**2010 STUDENT’S (AND SPOUSE’S, IF APPLICABLE)  
INCOME CERTIFICATION FORM – CHECK ONE:**

<input type="checkbox"/> Attached is a signed photocopy of my/our 2010 federal income tax return, including all schedules and attachments.	<input type="checkbox"/> I/We did not file, and are not required to file, a 2010 federal income tax return.
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List below all of the sources and amounts of money received from January 1, 2010 through December 31, 2010. 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 2010 – December 2010
	\$
	\$
	\$
<b>Total</b>	\$

Explain special circumstances (if any) concerning your financial situation. If you listed no income above, please explain how you met your everyday living expenses such as food, rent and clothing. (you may attach a separate sheet if additional space is needed):

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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 Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant’s Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant’s Spouse *(Please print)*

<b>California Information Privacy Act</b>
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. California Lutheran University (CLU) authorizes 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 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 Office of Financial Aid at California Lutheran University is responsible for maintaining the information contained on this form. CLU, in compliance with federal and state laws, does 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 Office of Financial Aid.