



Cooperative Agencies Resources for Education Program

Untaxed Income Verification Agency Certification 2025/2026



CARE regulations require us to verify family's financial resources. The information provided below will be used only for CARE purposes and will be confidential per Sections 76200-76246 of the California Education Code and the 1947 Family Education Rights and Privacy Act.

**Section A – to be completed by the student:**

*"I authorize the appropriate office/agency to provide the information requested by Citrus College."*

Case Name under which benefits are issued (please print):

\_\_\_\_\_  
Last First M.I. Case Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

If you are currently receiving cash aid from CalWORKs/TANF please check here: ☐

**Section B – to be completed by the agency:**

A. The student named above is currently receiving CalWORKs/TANF (cash-aid) assistance for (please check all that apply):

☐ Self ☐ Spouse ☐ Dependent Children ☐ Other \_\_\_\_\_

B. The date this student began receiving CalWORKs/TANF assistance is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

C. The student is in a one-parent assistance unit (single-head of household):

☐ YES ☐ NO

D. Is the student named above currently being sanctioned by the County?

☐ YES ☐ NO

*"As a representative of this agency, I affirm that the above provided information is both current and correct."*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Official Title/Position \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INCLUDE AGENCY STAMP HERE