



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