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) or the California Dream Application (for eligible AB 540 students) immediately. The FAFSA is available at: www.fafsa.ed.gov and the Dream Application is available at: //www.csac.ca.gov/dream_act.asp. Contact the Financial Aid Office for more information.

**IMPLEMENTATION OF Assembly Bill 1899: Victims of Trafficking, Domestic Violence and other Serious Crimes**

AB 1899, chaptered in September of 2012, provides for a non-resident enrollment fee exemption for “Victims of trafficking, domestic violence and other serious crimes”. In addition, the legislation allows these students to apply for and, if eligible, receive financial aid from programs administered by public postsecondary institutions or the state of California. Finally, the legislation provides that enrollment fees shall be waived for these students who apply for and are eligible to receive Board of Governor enrollment fee waivers.

**CALIFORNIA RESIDENCY**

This FEE WAIVER application is for California residents, eligible AB 540 students, and eligible AB 1899 students, as determined by the Admissions or Records Office. If you have not had your California residency or eligibility status determined by the Admissions & Records, please see the office to obtain the valid determination. Fee waiver eligibility cannot be determined until your status has been verified.

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

If no, has the Admissions and Records Office determined that you are eligible for a non-resident tuition exemption as an AB 540 student?  
Yes  No

If no, as the Admissions & Records Office determined that you are eligible for a non-resident tuition exemption granted as a result of your immigration status under Section 1101(a)(15)(t)(i), or (ii), or Section 1101 (a)(15)(U)(i) or (ii), of Title 8 of the United States Code?  
Yes  No

**IMPLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT**

The California Domestic Partner Rights and Responsibilities Act extends rights, benefits, responsibilities and obligations to individuals in domestic partnerships registered with the California Secretary of State under Section 297 of the Family Code. If **you** are in a Registered Domestic Partnership (RDP), you will be treated as an Independent married student to determine eligibility for this Enrollment Fee Waiver and will need to provide income and household information for your domestic partner. If you are a dependent student and your parent is in a Registered Domestic Partnership, you will be treated the same as a student with married parents and income and household information will be required for the parent’s domestic partner.

**Note:** These provisions apply to state student financial aid ONLY, and not to federal student financial aid.

Are you or your parent in a Registered Domestic Partnership with the California Secretary of State under Section 297 of the Family Code?  
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 4, 11, 12, 13, 14, 15, 16, 17.

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

<table>
<thead>
<tr>
<th>DEPENDENCY STATUS QUESTIONS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were you born before January 1, 1992?</td>
<td></td>
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<tr>
<td>2</td>
<td>As of today, are you married OR in a Registered Domestic Partnership (RDP)? (Answer “YES” if you are widowed or separated but not divorced)</td>
<td></td>
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<tr>
<td>3</td>
<td>Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training?</td>
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<tr>
<td>4</td>
<td>Do you have children who will receive more than half of their support from you between July 1, 2015 - June 30, 2016, 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, 2016?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>At any time since you turned age 13 or older, were both your parents deceased, were you in foster care or were you a dependent/ward of the court?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Are you or were you an emancipated minor as determined by a court in your state of legal residence?</td>
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<tr>
<td>7</td>
<td>Are you or were you in legal guardianship as determined by a court in your state of legal residence?</td>
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<tr>
<td>8</td>
<td>At any time on or after July 1, 2014, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?</td>
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</tr>
</tbody>
</table>
If you answered "YES" to ANY of the questions 1 - 10, you are considered an **INDEPENDENT STUDENT** for enrollment fee waiver purposes. Please provide your (and your spouse or RDP if applicable) income and household information. Please skip question 11 and 12 and answer questions for an **INDEPENDENT STUDENT** in the sections that follow.

If you answered "NO" to ALL of the questions 1 - 10, please answer question 11 and 12.

**Please answer question #11 and 12 if you answered NO to ALL of the questions 1-10:**

11. If your parent(s) or his/her RDP filed or will file a 2014 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?  
   - Yes
   - No
   - Will Not File

12. Do you live with one or both of your parent(s)/RDP?  
   - Yes
   - No

If you answered "NO" to ALL questions 1 - 10 and "YES" to either question 11 or 12, you are considered a **DEPENDENT STUDENT** for enrollment fee waiver purposes. Please provide your parent’s income and household information and answer questions for a **DEPENDENT STUDENT** in the sections that follow.

If you answered "No" to questions 1-10 and “No” or "Parent(s) will not file" to question 11 and 12, you are a dependent student for all student aid **except this enrollment fee waiver**. You may answer the questions as an **INDEPENDENT STUDENT** for the rest of this application.

**METHOD A ENROLLMENT FEE WAIVER**

13. Are you (the student **ONLY**) currently receiving monthly cash assistance for yourself or any dependents from:
   - TANF/CalWORKs
   - SSI/SSP (Supplemental Security Income/State Supplemental Program)
   - General Assistance from the US Government
   - [ ] 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

Please note that if you answered "Yes" to question 13 or 14 you are required to provide a copy of the most current statement (within 60 days) of benefits. Please complete a FAFSA to be eligible for other financial aid opportunities.

**METHOD B ENROLLMENT FEE WAIVER**

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, 2016.) ___________

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, 2016.) ___________

17. **2014 Income Information**
   (Dependent students should not include their income information for Q 17 a and b below, only their parents’)
   a. Adjusted Gross Income (If 2014 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4).  
      - Parent(s)/RDP income only
      - [ ] $______________
   b. All other income (Include ALL money received in 2014 that is not included in line (a) above (such as disability, child support, military living allowance, Workman’s Compensation, untaxed pensions).)  
      - [ ] $______________
   c. **TOTAL** Income for 2014 (Sum of a + b)  
      - [ ] $______________

The Financial Aid Office will review your income and let you know if you qualify for an **ENROLLMENT FEE WAIVER** under Method B. If you do not qualify using this simple method, you should file a FAFSA. You may still qualify for the Fee Waiver through the FAFSA.
SPECIAL CLASSIFICATIONS ENROLLMENT FEE WAIVERS

18. Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent’s fee waiver?
   Submit certification.  ☐YES ☐NO

19. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent’s fee waiver?
   Submit certification.  ☐YES ☐NO

20. 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

21. 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

22. 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 any of the questions from 18-22, you are eligible for an ENROLLMENT FEE WAIVER and perhaps
  other fee waivers or adjustments.  Sign the Certification below. Contact the Financial Aid Office if you have questions.

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 2014 U.S. Income Tax Return(s).

☐ Federal and state financial aid programs are available to help with college costs (including enrollment fees, books & supplies, transportation and room and board expenses). By completing the FAFSA, additional financial assistance may be available in the form of Pell and other grants, work study and other aid.

☐ I may apply for and receive financial assistance if I am enrolled, either full time or part time, in an eligible program of study (certificate, associate degree or transfer).

☐ Financial aid program information and application assistance is available in the college financial aid office.

________________________________________________________
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.

☐ AB 540  ☐ BOGA1 (Tanf/CalWorks)  ☐ BOGA2 (SSI/SSP)  ☐ BOGA3 (GA)  ☐ BOGB  ☐ BOGC

☐ Dependent of Veteran – F1  ☐ Dependent of CA National Guard – F2
☐ Recipient/Dependent of Medal of Honor – F3  ☐ Dependent of September 11 victim – F4
☐ Dependent of deceased law enforcement – F5

☐ RDP  ☐ Student  ☐ Parent  ☐ Student is NOT Eligible

Comments: ____________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Certified By: __________________________________________
Date: _____________________________________
**Board of Governors Fee Waiver Program**

**BOGFW-B**

**2015-2016 Income Standards**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>2014 Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,505</td>
</tr>
<tr>
<td>2</td>
<td>$23,595</td>
</tr>
<tr>
<td>3</td>
<td>$29,685</td>
</tr>
<tr>
<td>4</td>
<td>$35,775</td>
</tr>
<tr>
<td>5</td>
<td>$41,865</td>
</tr>
<tr>
<td>6</td>
<td>$47,955</td>
</tr>
<tr>
<td>7</td>
<td>$54,045</td>
</tr>
<tr>
<td>8</td>
<td>$60,135</td>
</tr>
<tr>
<td>Each Additional Family Member</td>
<td>$ 6,090</td>
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</tbody>
</table>

* These standards are based upon the federal poverty guidelines, as published each year by the US Department of Health and Human Services. Under Title 5 of the California Code of Regulations, the student or student’s family must have a total income in the prior year (in this case, 2014) that is equal to or less than 150% of the U.S. Department of Health and Human Services Poverty Guidelines based on family size.

The U.S. Department of Health and Human Services published the 2014 Poverty Guidelines in January 2014 (additional information will be posted after the guidelines are published).

These income standards are for the 2015-2016 academic year and are to be used to determine BOGFW-B eligibility EFFECTIVE July 1, 2015.