





Los Angeles Community College District  
**Nonresident Tuition Fee Waiver Application**  
**(Supplement to Form YS-1)**

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Street City Zip Code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_, Age \_\_\_\_

1. My immigration status prevents me from establishing residency in the United States.  Yes  No  
 (Note: Except in cases of "severe economic hardship," which must be documented, students attending an LACCD college on an "F," "J," or "M" Visa are not eligible for this waiver.)
2. My family income is at or below the income levels in the chart below.  Yes  No

<b>Family Size</b>	<b>2008 Income</b>
1	\$15,600
2	\$21,000
3	\$26,400
4	\$31,800
5	\$37,200
6	\$42,600
7	\$48,000
8	\$53,400
Each Additional Family Member	\$ 5,400

**CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW**

I hereby swear or affirm, under penalty of perjury, that all the information on this form is true and complete to the best of my knowledge. If I falsify information on this form, I will be responsible for reimbursing the college for any nonresident tuition fees owed, and I will also be subject to student discipline, up to and including suspension and/or expulsion from the District.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature (If student is under the age of 18)

\_\_\_\_\_  
 Date