COUNTY OF RIVERSIDE
DEPARTMENT OF VETERANS' SERVICES
GRANT A. GAUTSCHE, Director

MAIN OFFICE:
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BRANCH OFFICE:
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FROM: **Riverside County Veterans' Services**
RE: ***NEW PROCESS*** **- Application for College Tuition Fee Waiver for Academic Year 2023-2024**

To apply for a College Tuition Fee Waiver for Academic year 2023-2024, please provide our office with the following information:

A completed DVS40 application (Revised 07/23). ***If applying for more than one school, you must submit one application per school.*** Each application must be signed by the student **and** the veteran. ***If the veteran is unable to sign, please fill out the VSD-021 Non-Veteran Signature Certification.***

The student's Birth Certificate showing the relationship of the child with the veteran. ***(Dependent ID cards and Abstract Birth Certificate are no longer accepted).*** If the student is a stepchild and their last name is different than the veteran's - then please provide a copy of the veteran's marriage certificate and the student's birth certificate. If the student is adopted, please provide all legal documents showing dependency. **Title 38, Code of Federal Regulation, Section 3.57(a),** ***child must be legally adopted or become a stepchild prior to the 23rd birthday to be eligible for the program.***

If the student is married, please provide a copy of the student's marriage certificate. If filing joint taxes, please provide a signed 1040 and the W-2s for the spouse and the student.

If the student worked during 2022, please provide a **signed** copy of the student's complete 2022 IRS income tax return form 1040. (**Note: We DO NOT accept the IRS Form 1040 with $0 as the Adjusted Gross Income unless it is attached to the IRS Transcript).** The student's Adjusted Gross Income and the Annual Value of Support under Plan B combined cannot exceed the National poverty level of **$15,225.00** for the tax year 2022. If the student did not work during 2022 and had no reportable income, then we will need a Verification of Non-filing letter from the Franchise Tax Board or the Internal Revenue Service showing the student had no income tax record for 2022 dated **after** April 18th. To obtain a copy of a Verification of Non-filing letter, you can call the Franchise Tax Board at 1-800-852-5711 or the IRS at 1-800-908-9946. If $0.00 is claimed in the Annual Value of Support, an explanation ***must*** be attached.

If the veteran is rated 100% P&T, then the current VA Award letter and a copy of the DD-214 is required.

If rated less than 100% service-connected, a VA Award Letter verifying service-connected disability is required.

Please return all the above applicable information and all the enclosed documents to our office. If any of the information is not complete or if the student's Income Tax Form 1040 is not signed, the application will be returned to the student and will delay the process.

*** **After your fee waiver is processed and approved (approximately 14 business days), you will receive an email with the Award Code Letter, take that letter to the school. Your approval letter can only be accessed and downloaded by a designated individual on campus using the unique code. Our office does not send letters to the school.**

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

COLLEGE FEE WAIVER PROGRAM FOR VETERAN DEPENDENTS

PLEASE READ THE INSTRUCTIONS AND INFORMATION CONTAINED ON THE REVERSE SIDE

I. STUDENT INFORMATION

Last Name: _____ First Name: _____ MI: ___

Social Security Number: ___ - ___ - ____ Date of Birth: ___ / ___ / ____ Marital Status: ☐ Married ☐ Single

Street Address: _____ City: _____ State: ___ Zip: _____

Telephone Number: (___) - ___ - ____ Student E-mail: _____

STUDENT'S relationship to veteran in Section III below: ☐ Adopted Child ☐ Biological Child ☐ Step Child ☐ Spouse ☐ Surviving Spouse

HAVE YOU APPLIED FOR THIS BENEFIT BEFORE? ☐ YES ☐ NO

VA EDUCATIONAL BENEFITS UNDER CHAPTER 35: *Are you ELIGIBLE to receive?* ☐ YES ☐ NO *Currently receiving?* ☐ YES ☐ NO

ADJUSTED GROSS INCOME (**AGI**) of student from last year (January 1st through December 31st): $ _____

***NOTE**: Refer to "Who May Apply Under Plan B" on the next page for required statements if you entered zero and AGI and Annual Value of Support.

ANNUAL VALUE OF ANY SUPPORT RECEIVED FROM PARENT: $ _____

***NOTE**: Examples of support include, but are not limited to: college housing, transportation, books, school supplies, medical care etc. Under plan B, the total amount of the child's AGI and value of support, as listed above, cannot exceed the "national poverty level" as determined by the U.S. Census Bureau and published by the California Department of Veterans Affairs.

II. SCHOOL INFORMATION

CALIFORNIA COLLEGE or UNIVERSITY you are attending or plan to attend: _____

ACADEMIC YEAR for which you are requesting waiver of tuition/fees: _____

III. VETERAN INFORMATION

Name Served Under: Last Name: _____ First Name: _____ MI: ___

SS# / VA Claim #: ___ - ___ - ____ Date of Birth: ___ / ___ / ____ Date of Death (if applicable): ___ / ___ / ____

Branch of Service: _____ Dates of Active Duty Service FROM: _____ UNTIL: _____

Street Address: _____ City: _____ State: ___ Zip: _____

Telephone Number: (___) - ___ - ____ VETERAN'S E-mail: _____

If the veteran is alive, current percentage of service-connected disability adjudicated by the military or USDVA: _____ %

If the veteran is deceased, was the death "service-connected", or did the veteran have a service-connected disability at the time of death?

☐ YES ☐ NO

I hereby certify under penalties of perjury that the information contained in this application and supporting documents is given for the purpose of obtaining educational benefits and is true, correct, and complete. I authorize the California Department of Veterans Affairs (CalVet) employees, officers, and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs, Department of Defense, Internal Revenue Service, and the Franchise Tax Board, to release information regarding my service-connected disability rating and/or income to CalVet with the understanding that the department will keep such information confidential. I hereby authorize the release of my CalVet College Fee Waiver Program for Veterans Dependents award letter to the College or University for which I am applying. I understand that educational benefits may be denied or found to be my responsibility to repay if any information is found to be false, intentionally incomplete, or misleading.

Signature of VETERAN: _____ Date: ___ / ___ / ____

(If veteran is unable to sign, parent/veteran spouse must complete and attach a VSD-021)

Signature of STUDENT: _____ Date: ___ / ___ / ____

BENEFITS
Waiver of all mandatory system wide tuition and fees at any State of California Community College, Campus of the University of California, or Campus of the California State University system.

WHO MAY APPLY?

1 -Students must meet the California residency requirements as determined by the college they will attend.
2 -Students who meet the requirements of *at least one* of the following plans:

PLAN A: The *spouse, unmarried child, or unmarried surviving spouse* of a veteran who is totally service-connected disabled (rating must have occurred prior to the child's 21st birthday) or who has died of service-related causes, may qualify. The veteran must have served during a period of war declared by Congress, or been awarded a Campaign or Expeditionary Medal. This program does not have an income limit. A child must be under 27 years of age to receive the fee waiver benefit. The age limit is extended to 30 years of age if the child is a veteran. There are no age limits for a spouse, unmarried surviving spouse or RDP.
***NOTE:**A dependent cannot receive this benefit if they are in receipt of VA Chapter 35 benefits.
OR,

PLAN B: The *child* (no age limit) of a veteran who has a service-connected disability, or had a service-connected disability at the time of death, or who died of service-related causes, may also qualify for a waiver. The child's income, which includes the student's **ADJUSTED GROSS INCOME, PLUS THE VALUE OF ANY SUPPORT** received from a parent, *cannot exceed the "national poverty level" as published by the U.S. Census Bureau on December 31st of last year.*
***NOTE:** This figure changes annually. To obtain the applicable national poverty level, contact your local County Veterans Service Office (CVSO). In cases where the DVS 40 reports $0 AGI & $0 Value of Support, a certified statement must be completed which explains how the student affords to attend college and supports themselves.
OR,

PLAN C: Any dependent or unmarried surviving spouse of a member of the California National Guard who was killed, permanently disabled or died of this disability that resulted from activation under Military and Veterans Code Section 146.
OR,

PLAN D: Available to Medal of Honor (also known as Congressional Medal of Honor) recipients and their children.

HOW TO APPLY:
(1) This form must be fully completed and signed by the student and the veteran. If a question does not apply, write "N/A". If veteran is unable to sign, parent/veteran spouse must complete and attach a VSD-021**.**

(2) A child, under PLAN B, must submit either a student-**SIGNED** copy of their federal income tax form 1040 or state income tax form 540, from "Last Year" or, if a child does not have a copy of their income tax, or if a child did not file a return, they must submit a *statement* from the Internal Revenue Service (800-829-1040) or the Franchise Tax Board (800-852-5711) which **must verify the amount of Adjusted Gross Income** or the fact that a return was not filed. **NOTE**: CURRENT ACADEMIC YEAR ENTITLEMENT IS BASED UPON LAST YEAR'S ADJUSTED GROSS INCOME AND VALUE OF SUPPORT FROM PARENT.

(3) If you are a child of a veteran, **you must attach a Verification of Dependency.** Acceptable verifications include, government-issued birth certificates, adoption records, and marriage certificates. Those seeking status as an Adopted Child or as a Stepchild must have entered into such status prior to the child's 23rd birthday.

WHEN TO APPLY:
You should apply for these benefits prior to attending school. Benefits are awarded on an academic year basis and students are required to reapply each year for ongoing benefits. **NOTE**: The earliest effective date fee waiver benefits may be awarded is the first day of the academic year in which an application is received.

WHERE TO APPLY:
To obtain an application, additional information and to apply for benefits under this program, contact your local County Veterans Service Office at: www.cacvso.org

If eligibility criteria are met, use of the CalVet College Fee Waiver for Veterans Dependents may be applied to state-supported programs in the CCC, CSU, and UC systems. Some academic programs at these institutions that are considered self-supported, commonly referred to as extension courses or extended education are not covered under the CalVet College Fee Waiver program because these courses, degrees, and certificates are neither funded by the state nor are they system-wide programs. **Veteran dependents applying for this waiver should research residency requirements and specific academic programs thoroughly before applying to the college or university**.

TO LEARN MORE ABOUT THE BENEFITS YOU HAVE EARNED, VISIT:
www.cacvso.org or www.calvet.ca.gov

PRIVACY NOTIFICATION
Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is voluntary and will be used for the purposes of identification and to determine eligibility for benefits under the provisions of Education Code Section 66025.3. The program is administered by: Deputy Secretary, Veterans Services Division, 1227 "O" Street, Sacramento, CA 95814. Failure to provide requested information will result in the delay or denial of benefits. Individuals may review available personal records during normal business hours. Appeals of denied benefits shall be filed with the Veterans Services Division(note address above) and must be in writing, stating the reasons the benefits should be granted, and filed within 90 days after the date of the "letter of denial."

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Stepchild Certification Form
Academic Year 2023-2024

Eligible dependents for the College Tuition Fee Waiver program are defined in the U.S. Code of Federal Regulations, Section 3.57(a). This definition requires stepchildren to be a member of the veteran's household.

I hereby certify under penalty of perjury that I am a member of the veteran's household. I understand that if this is found to be untrue after being awarded the CalVet College Tuition Fee Waiver benefits, my benefit will be revoked retroactively, my school will be notified of actions taken, and I shall be held financially responsible for any associated fees waived.

_____
Original Signature of Student - Date

Student: _____
Veteran: _____
Last 4 SSN: _____

VSD-021 - Non-Veteran Signature Certification For DVS-40

CalVet College Fee Waiver

Explanation of Why Veteran is Unable to Sign DVS 40 Application:

Note: If veteran is deceased, a copy of veteran's death certificate is required. If spouse applying under Plan A, documentation that verifies the explanation is required.

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I hereby certify under penalties of perjury that the information contained on this document for the purpose of obtaining CalVet educational benefits is true, correct, and complete.

_____ **DATE:**

Signature of non-veteran parent

_____

Printed Name of non-veteran parent

_____

Legal Relationship to Veteran Stated on DVS-40 Application