



Instructions for the College Fee Waiver: 2024/2025

All Fee Waivers must satisfy 4 elements to be approved:

- 1. Completed Application all fields.
- 2. Birth certificate of child (may need name change & marriage certificate if applicable)
- 3. Proof of prior years' income (IRS 1040/ CA 540 Income Tax OR IRS non-filing letter)
- 4. Proof of disability (award letter or summary of benefits letter)

IMPORTANT INFORMATION

- 1. If a stepchild, then marriage certificates is required (names must match)
- 2. If adopted, adoption paperwork is required (guardianship not allowed)
- 3. Tax form must be signed by student (even if filed online)
- 4. If student did not file taxes or had no earned income, then a letter of non-filing must be obtained from the IRS office.
- 5. If no income is reported on the application for either parents OR student, then a letter of support must be provided by the student (how they are able to attend college without income/ support)
- 6. Income threshold for Academic Year 2024-2025 is \$21,561.00 (Plan B)
- 7. In order to use Plan A, veteran must be 100% Service connected or IU
- 8. Chapter 35 cannot be used with Plan A, Chapter 35 can be used with Plan B

Madera County

VETERANS SERVICES

200 W. 4th Street, Suite 1300, Madera, CA 93637

Office: 559-675-7766 Fax: 559-675-7911











CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

Veterans Services Division 1227 "O" Street Sacramento, CA 95814 (916) 653-2573

Veterans Services Division Bulletin

DATE: 2/5/2024

NUMBER: 24-03 TOTAL PAGES: 1

TO:

COUNTY VETERANS SERVICE OFFICERS

SUBJECT: COLLEGE FEE WAIVER PROGRAM - DVS-40 - Rev 1/24

In preparation for the upcoming Academic Year (AY), CalVet is releasing an updated College Fee Waiver (DVS-40) application. The new, updated DVS-40 has a revision date of 1/24 and goes into effect for the 2024-25 AY. The prior version of the form, with a revision date of 7/23, shall remain in use for all 2023-24 AY waivers. The only changes made to the revised form is the removal of reference to the "Federal Poverty Threshold" which has been replaced with "State Poverty Level" on both pages of the form.

We recognize prior versions of the application may have already been provided to students and/or veterans for the 2024-25 AY. In order to minimize additional work for you and your staff, we authorize a grace period for implementation of the revised DVS-40 until **May 1, 2024**. All 2024-25 AY applications accepted, processed or authorized after May 1, 2024 must be done so with the new form. All other versions will be considered to have been issued in error, after that date.

If you have questions, please contact David Lawrence david.lawrence@calvet.ca.gov

Roberto Herrera

Deputy Secretary

Veterans Services Division

cc: Oakland, San Diego, Los Angeles D.O's

This bulletin format will be used by the CDVA Veterans Services Divis $^{\rm l}$ ion as a standard way of communicating information to County Veterans Service Officers. The objective is to provide a format that can be easily maintained by the CVSO. The first two digits in number of each Bulletin will show the year of issue, the following number indicates the consecutive number of the issue during the year.



CALIFORNIA DEPARTMENT OF VETERANS **AFFAIRS**

Veterans Services Division 1227 "O" Street Sacramento, CA 95814 (916) 653-2573

Veterans Services Division Bulletin

DATE: 2/5/2024

NUMBER: 24-02

TOTAL PAGES: 1

TO:

ALL COUNTY VETERANS SERVICE OFFICERS

SUBJECT: COLLEGE FEE WAIVER PROGRAM (CFW)

In accordance with the provisions of California Education Code, Section 66025.3 (d), the new income limit for eligible students under Plan B, for school academic year (AY) 2024-25 is \$21,561. As discussed in bulletin 23-05, distributed in December of 2023, Plan B applicant income will be measured against the State poverty threshold level as published in the resident requirement filing found on the Franchise Tax Board website, beginning with AY 2024-25.

Although AY 2024-25 does not start until Summer or Fall 2024, some students apply for the waiver early in the year. Before students can apply for the CFW under Plan B, awards for AY 2024-25 MUST accompany a <u>SIGNED</u> copy of the student's income tax return for calendar vear 2023 OR a non-filing letter from the Internal Revenue Service (IRS) or Franchise Tax Board (FTB) that verifies that a return was not filed for tax/calendar year 2023. Non-Filing letters will not be accepted until after this year's tax deadline of Monday, April 15, 2024. Remember that many IRS and/or FTB offices do not issue non-filing letters until after June 30th.

If you have questions about CFW in general, please contact David Lawrence david.lawrence@calvet.ca.gov.

Roberto Herrera

Deputy Secretary

Veterans Services Division

cc: District Offices in Oakland, San Diego, Los Angeles

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

COLLEGE FEE WAIVER PROGRAM FOR VETERAN DEPENDENTS



PLEASE READ THE INSTRUCTIONS AND INFORMATION CONTAINED ON THE REVERSE SIDE

1. 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				
VA EDUCATIONAL BENEFITS UNDER CHAPTER 35: Are you ELIGIBLE to receive? YES \(\Boxed{\text{NO}}\) NO \(\Boxed{\text{Currently receiving?}}\) YES \(\Boxed{\text{NO}}\) NO \(\Boxed{\text{NO}}\)				
ADJUSTED GROSS INCOME (AGI) of s	student from last year (January 1st through	December 31st): \$		
*NOTE: Refer to "Who May Apply Under P	lan B" on the next page for required statements if	you entered zero and AGI and Annual Value of Support.		
ANNUAL VALUE OF ANY SUPPORT R	ECEIVED 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 "state poverty level" as published in the resident requirement filing found on the Franchise Tax Board website.				
2. SCHOOL INFORMATION				
CALIFORNIA COLLEGE or UNIVERSITY you are attending or plan to attend:				
ACADEMIC YEAR for which you are requesting waiver of tuition/fees:				
3. VETERAN INFORMATION				
	First	Name: MI:		
Name Served Under: Last Name:		Name: MI: of Death (if applicable):		
Name Served Under: Last Name:	_ Date of Birth: Date			
Name Served Under: Last Name: SS# / VA Claim #: Branch of Service:	Date of Birth: Date Dates of Active Duty Service FROM:	of Death (if applicable):		
Name Served Under: Last Name: SS# / VA Claim #: Branch of Service: Street Address:	Date of Birth: Date Dates of Active Duty Service FROM:	of Death (if applicable):UNTIL:		
Name Served Under: Last Name: SS# / VA Claim #: Branch of Service: Street Address: Telephone Number: ()	Date of Birth: Date Dates of Active Duty Service FROM: City: VETERANS E-mail:	of Death (if applicable):UNTIL:		
Name Served Under: Last Name: SS# / VA Claim #: Branch of Service: Street Address: Telephone Number: () If the veteran is alive, current perce	Date of Birth: Date Dates of Active Duty Service FROM: City: VETERANS E-mail: ntage of service-connected disability adjud	of Death (if applicable): UNTIL: State:Zip:		
Name Served Under: Last Name: SS# / VA Claim #: Branch of Service: Street Address: Telephone Number: () If the veteran is alive, current perce If the veteran is deceased, was the of death? YES NO I hereby certify under penalties of p the purpose of obtaining educations. Affairs (CalVet) employees, officers, Affairs, Department of Defense, Inteconnected disability rating and/or in confidential. I hereby authorize the College or University for which I am	Date of Birth: Date Dates of Active Duty Service FROM: City: VETERANS E-mail: ntage of service-connected disability adjud death "service-connected", or did the veter erjury that the information contained in the labenefits and is true, correct, and complete and designees to verify these documents. Lernal Revenue Service, and the Franchise Tancome to CalVet with the understanding the release of my CalVet College Fee Waiver Proceedings of the content o	of Death (if applicable):		
Name Served Under: Last Name: SS# / VA Claim #: Branch of Service: Street Address: Telephone Number: () If the veteran is alive, current perce If the veteran is deceased, was the odeath? YES NO I hereby certify under penalties of p the purpose of obtaining educations Affairs (CalVet) employees, officers, Affairs, Department of Defense, Interconnected disability rating and/or in confidential. I hereby authorize the College or University for which I am to repay if any information is found	Date of Birth: Date Dates of Active Duty Service FROM: City: VETERANS E-mail: ntage of service-connected disability adjud death "service-connected", or did the veter erjury that the information contained in the labenefits and is true, correct, and complete and designees to verify these documents. ernal Revenue Service, and the Franchise Tancome to CalVet with the understanding the release of my CalVet College Fee Waiver Prapplying. I understand that educational bester the service of the content of the c	until:		

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 "state poverty level"* as published by the Franchise Tax Board on December 31st of last year. *NOTE: This figure changes annually. To obtain the applicable state 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."

DVS 40 Error Correction Sheet:

Please put a line through any errors on the application and initial. Then write the correct information on this correction sheet.

*Please list the errors that were corrected from the DVS-40 on this sheet.

Student's Name:	
Veteran's Name:	
Veteran's SSN:	
	•
	DATE:
Signature	



PHILADELPHIA, PA 19255-1498

Tracking ID:

Date of Issue:

Taxpayer's Name:

Taxpayer Identification Number:

Tax Period or Periods:

Information About the Request We Received

We received a request dated seems for verification of non-filing of returns for above tax period or periods. We have no record of a filed Form 1040, 1040A, or 1040EZ using the above Social Security Number. You can consider this letter a verification of non-filing.

How To Contact Us

Please call us at 1-800-829-0922 if you have any questions regarding this letter or if you need additional information.

Sincerely Yours,

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Electronic Products & Svcs Support

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VSD-023 – Non-Filing Letter for Calendar Year 2023 CalVet College Fee Waiver for Veteran Dependents

ACADEMIC YEAR 2024-2025

I understand that if I apply for and receive a CalVet College Fee Waiver for Academic Year 2024-2025, I may be asked to provide a complete copy of my non-filing letter, issued by the Franchise Tax Board or Internal Revenue Service after October 16, 2024, to the County Veteran Service Office (CVSO) where I applied for the waiver.

I understand that if I do not provide a non-filing letter for calendar year 2023, my college fee waiver benefits may be revoked retroactively, the college may be notified of actions taken, and I may be held financially responsible for any associated fees waived.

Understanding the above, I elect to receive CalVet College Fee Waiver benefits under Plan B, and certify under penalty of perjury, that I am not required, nor will I file a tax return for calendar year 2023.		
Signature	Date Signed	

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.
hereby certify under penalties of perjury that the information contained on this document for tourpose 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

VSD-020 - Election to Receive CalVet College Fee Waiver Benefits Plan A in lieu of Chapter 35 benefits CalVet College Fee Waiver for Veteran Dependents

ACADEMIC YEAR 2024/2025

I understand that state law, specifically the Military and Veterans Code, Section 896.1, prohibits me from receiving State of California Department of Veterans Affairs (CalVet) college fee waiver benefits under Plan A if I am in receipt of United States Department of Veterans Affairs (USDVA) Dependents Education (Chapter 35) benefits.

I understand that if I apply for and receive USDVA Chapter 35 benefits, after being awarded CalVet college fee waiver benefits under Plan A for the same period, my CalVet college fee waiver benefits will be revoked retroactively, my college will be notified of actions taken, and that I shall be held financially responsible for any associated fees waived.

Understanding the above, I elect to receive CalVet college fee waiver benefits under Plan A, and certify under penalties of perjury, that I am not currently nor will I apply and receive USDVA Chapter 35 benefits for AY 2024/2025.

Signature	Date Signed