

# Income & Expense Verification



Name \_\_\_\_\_ ID# \_\_\_\_\_

Street Address \_\_\_\_\_  
 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

In reviewing your application, we have found that you/your family income is not sufficient to maintain the household. Additional information is needed before your application can be processed. Please complete this form based on you/your family's current income and expenses, and return to the TSTC Financial Aid Office as soon as possible.

**NOTE:** **Independent Students:** Questions apply to you and, if married, your spouse as well.  
**Dependent Students:** Questions apply to your parent(s)' expenses.

1. What is the monthly cost of:

Electricity \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_  
 Child Care \$ \_\_\_\_\_ Car Payment \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_

2. Do you pay rent or mortgage?  Yes  No If yes, how much monthly? \$ \_\_\_\_\_

3. Will you be required to pay child care expenses in order to attend school?  Yes  No  
 If yes, to whom? \_\_\_\_\_ How much per week? \_\_\_\_\_  
 Are you receiving assistance with this expense?  Yes  No  
 From what agency? \_\_\_\_\_ How much per week? \_\_\_\_\_

4. What is the approximate monthly cost of food? \$ \_\_\_\_\_  
 How much per month is received in food stamps? \$ \_\_\_\_\_

5. List the sources of income your family has available to cover the above mentioned expenses for the current year.

NAME OF FAMILY MEMBER	RELATIONSHIP TO STUDENT	NAME OF EMPLOYER, AGENCY OR PERSON PROVIDING BENEFITS	AMOUNT PER MONTH

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent (or Spouse) Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:** CRI Code: **FAC09IE** Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Scanned: \_\_\_\_\_ Initials: \_\_\_\_\_