

# Untaxed Income Verification



Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Student ID# \_\_\_\_\_ Major/Program \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Complete this form  
and return to the TSTC  
Financial Aid Office.

Date \_\_\_\_\_

**Dear Agency:**

This student or his/her parent or spouse has reported receiving the benefit(s) checked below. Please provide the total annual benefits received by the applicant(s) for the period from January to December \_\_\_\_\_.

**SECTION I – Source of Benefit(s) Received** (to be completed by the Financial Aid Office)

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="radio"/> TANF            | <input type="radio"/> Veteran's Benefits        | <input type="radio"/> Worker's Compensation |
| <input type="radio"/> Social Security | <input type="radio"/> Vocational Rehabilitation | <input type="radio"/> Other (Specify) _____ |
| <input type="radio"/> SSI             | <input type="radio"/> Unemployment              | _____                                       |
| <input type="radio"/> Disability      | <input type="radio"/> Retirement Benefits       | _____                                       |

**SECTION II – Release of Information** (to be completed by student)

I authorize the agency through which I received the above listed benefits to release information concerning my case to Texas State Technical College.

Student's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_  
 Spouse's Signature \_\_\_\_\_ Parent's/Spouse ID# \_\_\_\_\_

**SECTION III – [ To be completed by representative from agency providing benefit(s) ]**

Please complete the information below to verify the amounts issued to this student's family for the period from January to December \_\_\_\_\_.

NAME OF FAMILY MEMBER RECEIVING BENEFITS	AGE	TOTAL AMOUNT ISSUED FOR THE YEAR

Total annual benefits for the family \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Office Use Only:** CRI Code: **FAC09UT** Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Scanned: \_\_\_\_\_ Initials: \_\_\_\_\_