

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)

- Veteran's Benefits
 Worker's Compensation
 Vocational Rehabilitation
 Disability
 Retirement Benefits
 Unemployment
 Other (Specify) _____

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: **FAC11UT** Date Entered: _____ Initials: _____ Date Scanned: _____ Initials: _____