



VERIFICATION OF ECONOMIC SUFFICIENCY 2017-2018

STUDENT NAME _____

STUDENT ID _____

Please complete the following information and return this form, along with any **W-2 forms and Pay Statements**, to:

Temple College
 2600 South First Street
 Temple, TX 76504-7435

ACTUAL 2015 INCOME INFORMATION:

STUDENT/SPOUSE ANNUAL INCOME	PARENTS' ANNUAL INCOME	SOURCE/BENEFIT	W2 attached?

ESTIMATED CURRENT YEAR INCOME INFORMATION:

STUDENT/SPOUSE ANNUAL INCOME	PARENTS' ANNUAL INCOME	SOURCE/BENEFIT	Pay Statement attached?

If no source of income is given above, you must explain in the area below what income or other financial resources are used to cover expenses such as housing, food, transportation, etc.

IMPORTANT: Did you or anyone in your household receive the following benefits?

- | | | |
|--|-----------|----------|
| Medicaid or Supplemental Security Income (SSI)? | Yes _____ | No _____ |
| Supplemental Nutrition Assistance Program (SNAP)? | Yes _____ | No _____ |
| Free or Reduced Price School Lunch? | Yes _____ | No _____ |
| Temporary Assistance for Needy Families (TANF)? | Yes _____ | No _____ |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)? | Yes _____ | No _____ |

Student's signature: _____ Date _____

Spouse's Signature _____ Date _____

IF YOU ARE A DEPENDENT STUDENT, THEN YOUR PARENT MUST SIGN ALSO.

Parent's Signature _____ Date _____