



**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 \_\_\_\_\_