



VERIFICATION OF ECONOMIC SUFFICIENCY 2022-2023

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 2020 INCOME INFORMATION:

| STUDENT/SPOUSE ANNUAL INCOME | PARENTS' ANNUAL INCOME | SOURCE/BENEFIT | W2 attached? |
|------------------------------|------------------------|----------------|--------------|
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ESTIMATED CURRENT YEAR INCOME INFORMATION:

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

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IMPORTANT: Do 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 (handwritten) Signature: _____ Date _____