



**VERIFICATION OF ECONOMIC SUFFICIENCY**

**2018-2019**

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 2016 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: 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 (handwritten) Signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse's (handwritten) Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Parent's (handwritten) Signature: \_\_\_\_\_ Date \_\_\_\_\_