



Supplemental Income 2018-2019

Office of Financial Aid
2500 N Robison Rd Texarkana, Texas 75599
Phone: 903-823-3267 | financial.aid@texarkanacollege.edu



A. STUDENT INFORMATION

Last name:	First name:	MI:
TC ID:	DOB:	Phone #:

B. OTHER INCOME, BENEFIT OR HOUSING INFORMATION

Do you (the student) or your parent (if a dependent student) receive any of the following benefits?

Source of Support	YES	NO
Medicaid or SSI Benefits	<input type="checkbox"/>	<input type="checkbox"/>
SNAP Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Free or Reduced Price School Lunch Benefits	<input type="checkbox"/>	<input type="checkbox"/>
TANF Benefits	<input type="checkbox"/>	<input type="checkbox"/>
WIC Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Dislocated Worker	<input type="checkbox"/>	<input type="checkbox"/>
Federal Housing	<input type="checkbox"/>	<input type="checkbox"/>

C. ADDITIONAL HOUSING AND SUPPORT INFORMATION FOR 2016

Did you receive Veterans' Non-Education Benefits in 2016?	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, Monthly amount: \$ _____ X _____ Months
Did you receive income in 2016 from an odd job? (Example: Yard work or cleaning houses)	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, Monthly amount: \$ _____ X _____ Months
Were you supported by someone else in 2016? (Independent students with no self-reported income.)	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, I was supported by: _____ Relationship: _____ Average monthly amount: \$ _____ X _____ Months
Did you receive child support in 2016?	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, Monthly amount: \$ _____ X _____ Months
Did you pay child support in 2016?	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, Monthly amount: \$ _____ X _____ Months
Were you incarcerated for any portion of 2016?	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, for _____ months.
Were you considered homeless for any portion of 2016?	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, for _____ months.

D. EXPLANATION: If you did not indicate that you receive any of the above benefits, please explain your financial situation for 2016.

Certification and Signature

By signing this form, I certify that all of the information reported is true and correct to the best of my knowledge. I acknowledge that by purposely giving false or misleading information in order to obtain financial aid is punishable by a fine, imprisonment or both. If asked by the Financial Aid Office, I will provide supporting documentation.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

(Not Required for Independent Student)