

2021 – 2022 Supplemental Income Information

| A. STUDENT INFORMATION | | | | | | | | | | |
|---|-----------|----------|------|----------------------------|--------------------------------|--------------|-----------|---------------|--------|--------|
| Last name: | | name: | | | | | | MI: | | |
| TC ID: | DOB: | | | Phone #: | | | | | | |
| DEPENDENT Students: Information prov | | <u> </u> | NDEF | PENDENT | Stude | nts: Informa | ition pro | vided by SELF | | |
| B. OTHER INCOME, BENEFIT OR HOUSING INFORMATION | | | | | | | | | | |
| In 2019 or 2020, did 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 | | | | | | | | | | |
| SNAP Benefits | | | | | | | | | | |
| Free or Reduced-Price School Lunch Benefits | | _ | | | | | | | | |
| TANF Benefits | | _ | | | | | | | | |
| WIC Benefits | | _ | | | | <u> </u> | | | | |
| Federal Housing | | _ | | | |] | | | | |
| Are you a Dislocated Worker? | | | | | | | | | | |
| C. ADDITIONAL HOUSING AND SUPPORT INFORMATION FOR 2019 | | | | | | | | | | |
| Did you receive Veterans' Non-Educat | ion | | | | Yes | , Monthl | y amo | ount: \$ | X | Months |
| Benefits in 2019? (ex. VA Disability) | | | | | | | | | | |
| Did you receive income in 2019 from a | n odd | | | | Yes, Monthly amount: \$XMonths | | | | | |
| job? (Example: Yard work or cleaning l | nouses) | | | | | | | | | |
| Were you supported by someone else | in 2019? | | NO | | Yes | s, I was su | ipport | ted by: | | |
| (Independent students with no self-re | eported | | | Re | _ latio | nship: | | | | |
| income.) | | | | Average monthly amount: \$ | | | | X | Months | |
| Did you receive child support in 2019? | | | NO | | Yes | , Monthl | y amo | ount: \$ | X | Months |
| Did you pay child support in 2019? | | |]NO | | Yes | , Monthl | y amo | ount: \$ | X | Months |
| Were you incarcerated for any portior | of 2019? | |]NO | | Yes | , for | | months. | | |
| Were you considered homeless for an | y portion | | NO | | Yes | , for | | months. | | |
| of 2019? | | | | | | | | | | |
| D. EXPLANATION: If you did not indicate that you receive any of the above benefits, please explain | | | | | | | | | | |
| your financial situation for 2019. | | | | | | | | | | |

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 (Required)

Date Par

Parent's Signature (Required if Dependent)

Date

TC does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Human Resources Director, 2500 N. Robison Rd., Texarkana, TX, 75599, (903) 823-3017, human.resources@texarkanacollege.edu