

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