

**Angelina College
Community Services Division
Financial Aid Need Verification Form
Texas Public Educational Grant (TPEG)**

Any student seeking financial assistance for enrolling in a Community Service career course must complete this application one week before registration (minimum processing time is 48 hours). Definite need for assistance must be established by answering the following questions before any assistance can be made. **Attach proof of all sources of income in household, including award letters from HUD, TANF, Food Stamps, etc.**

Date: _____ Date of Birth _____

Applicant's Name: _____

Applicant's Address: _____
Street City State Zip

Social Security Number: _____ Phone Number: _____

Number of family members in your household _____ Do you have a Bachelors/Masters Degree? _____

Have you earned a high school diploma or GED? (Yes or No) _____ Marital status _____

Course Title for which assistance is needed: _____ Beginning Date _____

State reason for request: _____

Taxable income made in the most recent tax year (wages, tips, salary): _____
Attach copy of the most recent tax return filed _____
No return filed _____

Non-Taxable income received in most recent tax year: _____

Sources:

- \$ _____/month – Social Security
- \$ _____/month – TANF (formerly AFDC)
- \$ _____/month – Workman's Compensation
- \$ _____/month – Housing Assistance
- \$ _____/month – Supplemental Social Security Income (SSI)
- \$ _____/month - Untaxed portions of Railroad Retirement Benefits
- \$ _____/month – VA Non-Educational Benefits, including Death Pension, Dependency & Indemnity Compensation (DIC) and VA Vocational Rehabilitation Program Benefits
- \$ _____/month – Other living allowances for military or clergy (including cash payments/benefits)
- \$ _____/month – Any other untaxed income/benefits such as Black Lung Benefits, Job Training Partnership Act, Non-Educational Benefits
- \$ _____/month – Cash support or any money paid on your behalf
- \$ _____/month – Child Support Received
- \$ _____/month – Unemployment Compensation
- \$ _____/month – Food Stamps
- \$ _____/month – Interest on Tax-Free Bonds

I hereby certify the above statements are true and correct. _____

Applicant's Signature

For Office Use Only: \$ _____ Total Taxable Income \$ _____ Total Untaxed Income \$ _____ Grand Total

Financial Aid Offered \$ _____ (\$300 maximum) Applicant did not qualify for assistance

Justification for offer or decline – Please state: _____

Authorized Signature (Angelina College): _____