

ANGELINA COLLEGE
FINANCIAL AID OFFICE

VERIFICATION OF ECONOMIC SUFFICIENCY 2010 - 2011

Student Name: _____

Social Security No. _____

The amount of 2009 income reported on your Financial Aid application is very low. Please complete the following questions to verify how you/your family was able to pay living expenses. **You must complete all the information on this form or your financial aid file will not be processed. Please return this signed, completed form to the financial aid office.**

Net Earnings (Wages)

Other resources not subject to Income Taxes

2009 \$ _____	Soc. Sec. Benefits \$ _____/mo. X _____ mos. = \$ _____		
	Child Support \$ _____/mo. X _____ mos. = \$ _____		
	TANF \$ _____/mo. X _____ mos. = \$ _____		
	Food Stamps \$ _____/mo. X _____ mos. = \$ _____		
	Housing \$ _____/mo. X _____ mos. = \$ _____		
	Veterans' Benefits \$ _____/mo. X _____ mos. = \$ _____		
	Disability Benefits \$ _____/mo. X _____ mos. = \$ _____		
	Other untaxed \$ _____/mo. X _____ mos. = \$ _____		
	income (examples include gifts, cash from others (friends or relatives), bills paid by others)		
		Total	\$ _____
		+ Total Wages	\$ _____
		Grand Total	\$ _____

Estimated Net Earnings (Wages)

2010 \$ _____	Soc. Sec. Benefits \$ _____/mo. X _____ mos. = \$ _____		
	Child Support \$ _____/mo. X _____ mos. = \$ _____		
	TANF \$ _____/mo. X _____ mos. = \$ _____		
	Food Stamps \$ _____/mo. X _____ mos. = \$ _____		
	Housing \$ _____/mo. X _____ mos. = \$ _____		
	Veterans' Benefits \$ _____/mo. X _____ mos. = \$ _____		
	Disability Benefits \$ _____/mo. X _____ mos. = \$ _____		
	Other untaxed \$ _____/mo. X _____ mos. = \$ _____		
	income (examples include gifts, cash from others (friends or relatives), bills paid by others)		
		Total	\$ _____
		+ Total Wages	\$ _____
		Grand Total	\$ _____

DO NOT LEAVE BLANK: ANSWER ALL THE QUESTIONS OR YOUR FINANCIAL AID WILL NOT BE PROCESSED.

<u>Yearly Expenses</u>	2009	2010
Housing If someone else paid this expense, please indicate who _____	\$	\$
Utilities If someone else paid this expense, please indicate who _____	\$	\$
Telephone If someone else paid this expense, please indicate who _____	\$	\$
Cable If someone else paid this expense, please indicate who _____	\$	\$
Food If someone else paid this expense, please indicate who _____	\$	\$
Transportation (car payments, insurance, gas) If someone else paid this expense, please indicate who _____	\$	\$
Child care If someone else paid this expense, please indicate who _____	\$	\$
Personal expenses (clothing, entertainment, pocket money) If someone else paid this expense, please indicate who _____	\$	\$
Medical expenses If someone else paid this expense, please indicate who _____	\$	\$
Total	\$	\$

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide proof of any and all information I have given on this form. I realize that if I do not provide the requested documentation, I may not receive financial aid.

Student's signature

Date

If you are a dependent student, your parent(s) must also sign

Mother's signature

Date

Father's signature

Date

Angelina College, Attn: Financial Aid, P. O. Box 1768, Lufkin, TX 75902-1768
 Phone (936) 633-5291 Fax (936) 633-5247