

Angelina College Community Services Division

Financial Need Verification Form

Texas Public Education Grant (TPEG)

Financial Aid Office phone: (936) 633-5291 Fax: (936) 633-5247

Any student seeking financial assistance for a Community Service career course must complete this application at least one week before registration. Financial need must be determined before aid is awarded. **Applicants must have a high school diploma or GED, cannot be in default on any student loans, and cannot be on Financial Aid Suspension.**

Last name:		First Name:		Middle Initial:	
SSN:		Phone #:		DOB: / / 19__	
Student ID #:		Gender: ___ Male* ___ Female <small>*males must be registered with Selective Service</small>		Driver's Lic. #:	
Street Address:			City:		Zip:
High School Diploma or GED? Yes ___ No ___		Name of High School Attended:		Graduation or GED Date:	
Do you have a Bachelor's Degree or Master's Degree? ___ Yes ___ No				Marital Status:	

List below the people in your household:

Full Name	Age	Relationship

Taxable Income in the most recent year (wagers, tips, salary): \$ _____ Did you file a tax return: ___ Yes ___ No

You must attach a tax return transcript for the most recent tax year to this application. If you did not file taxes, you may be required to provide a letter of non-filing status from the IRS (causing a delay in processing of aid). You may obtain a copy of the tax transcript or non-filers letter by contacting the IRS by phone at 1-800-908-9946 or online at www.irs.gov.

Non-taxable income and assistance received in the most recent tax year (you must attach proof of receipt):

\$ ____/ month – SNAP (formerly Food Stamps)	\$ ____/month - Workers Compensation
\$ ____/month - Social Security or SSI	\$ ____/month - TANF (formerly AFDC)
\$ ____/month – Housing Assistance	\$ ____/month – Unemployment Compensation
\$ ____/month – Child Support Received	\$ ____/month – Veterans Benefits
\$ ____/month – Cash support or any bills paid on your behalf	

I hereby certify that the above information is true and correct:

Signature: _____ **Date:** _____

Course Title for which assistance is needed: _____ **Beginning date:** _____

Financial Aid Office Determination:

___ Applicant qualifies for financial assistance. Aid Offered: \$ _____

___ Applicant did not qualify for assistance. Reason: _____