

INCOME REDUCTION FORM**2026-2027**

STUDENT NAME

STUDENT ID NUMBER

1. Will your income and/or your spouse's or parent's income be less in 2026 than in 2024 for any of the following reasons?

☐ Yes☐ No

2. Please check the appropriate reason and explain, giving the date of the change in your situation. Date: _____

3. ☐ Unemployment or change in employment _____

You must provide a notarized statement (on company/office letterhead stationary) from the previous employer stating last date of employment or verification from TWC.

☐ Divorce/Separation

You must provide a notarized statement of date of the separation and/or a letter from an attorney (or court statement) stating date of filing or completion of divorce proceedings.

☐ Death of spouse or parent

You must provide a copy of the death certificate or dated published obituary notice. If the loss of income was due to the death of your spouse or parent give only the living persons' income.

☐ Disability of student, spouse, or parent or natural disaster that happened in 2025 or 2026.

You must provide: ☐ A doctor's statement of disability
☐ Verification of any disability income
☐ Statement explaining the natural disaster

☐ One-time income (examples: inheritance, moving expense allowance, back years' social security payments, or IRA or pension distribution)

☐ Unusual medical and/or dental expenses (These are out of pocket expenses not paid or reimbursed by insurance or other parties)

PLEASE COMPLETE THE FOLLOWING FORM USING ANNUAL AMOUNTS

Anticipated income for Jan 2026 to Dec 2026	PARENT	STUDENT AND SPOUSE
Wages, salaries, tips		
Other taxable income		
Untaxed social security Benefits		
Aid to Families with Dependent Children (TANF)		
Child support received		
Other untaxed income (including disability payments)		
Total Anticipated income		

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

Parent's signature

Date:

Angelina College

Financial Aid Office

P. O. Box 1768

Lufkin, TX 75902-1768