

INCOME REDUCTION FORM**2025-2026**

STUDENT NAME

STUDENT ID NUMBER

1. Will your income and/or your spouse's or parent's income be less in 2025 than in 2023 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 2024 or 2025.

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 2025 to Dec 2025	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