

Verification of Economic Sufficiency

Frank Phillips College
Financial aid office

Student Name: _____ Social Security Number: _____

Information Requested is for school year 2018-2019 and is regarding:
_____ Student and/or _____ Parent

All persons that are checked above **must complete the sections below and sign the back**

Section A

According to your Student Aid Report(SAR): your family of _____ lived off of
\$_____ income for the year of 2016.

Please explain how you were able to do this: (Medicaid, HUD, TANF, SNAP, family, etc.)

Section B

In the grid below: please list totals received for the year of: 2016.

Student/Spouse		Parents
	Child support received for all children. (No foster/adoption payments.)	
	Welfare benefits, including TANF. Do not include Food Stamps	
	Social Security Payments that were NOT taxed	
	Cash or money paid on your behalf, not reported elsewhere on this form.	
	Housing, Food, and other living allowances paid to members of the military	
	Veteran's non-education benefits, such as Death Pension or DIC.	
	Total	

Section C

Please answer the following questions regarding YOUR income for the school year of 2018-2019

Do you receive and will continue to receive (to the best of your knowledge) any of the following:

- HUD Yes No
- Housing Assistance Yes No
- Medicaid Yes No
- WIC Yes No
- TANF Yes No If yes, monthly amount = \$ _____
- Food Stamps Yes No If yes, monthly amount = \$ _____
- Child Support Yes No If yes, monthly amount = \$ _____

Are you currently employed? Yes No If yes, montly amount = \$ _____

Will you continue your employment while attending school? yes No

Certification: I certify that all of the information provided on this form is ture to the best of my knowledge.

Student Signature	Date	Parent Signature	Date

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