

FRANK PHILLIPS COLLEGE
FINANCIAL AID OFFICE

VERIFICATION OF ECONOMIC SUFFICIENCY
*******PLEASE COMPLETE IN INK*******

Student Name: _____ Social Security: _____

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

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

Section A _____ Section B _____ Section C (on back) _____

Section A. According to your Student Aid Report, you reported that your family of _____ lived on
 \$ _____ income for the prior year of _____.

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

Section B: You will need to list the **total amount for the prior year of _____.**
 You must answer every question. If the answer is -0- then put -0-.

Student/ Spouse		Parents
\$	Child support received for all children. Do not include foster care or adoption payments	\$
\$	Welfare benefits, including TANF, (Temporary Assistance For Needy Families) 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. This would include amounts that friends or relatives paid on your behalf for rent, utilities, and food, etc.	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and ranch/farm hands and other (including cash payments and cash value benefits). This does not include HUD.	\$
\$	Veteran's non-education benefits, such as Death Pension or Dependency & Indemnity Compensation (DIC)	\$
\$	TOTAL	\$

Section C. Please answer the following questions regarding your income for the current / coming school year of _____ - _____.

Do you receive and will continue to receive (to be 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, monthly earnings = \$ _____

Will you continue your employment while attending school? [] Yes [] No

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

Student signature Date

Parent signature Date

Certification: All of the above information is true to the best of my knowledge

Student/Spouse Signature Date

Parent Signature Date