Texas Southmost College
TRADITION ▪ INNOVATION ▪ OPPORTUNITY

Office of Financial Aid

80 Fort Brown ▪ Brownsville, Texas 78520 ▪ (956) 295-3620 ▪ Fax (956) 295-3621 ▪ www.tsc.edu

2016-2017 Earnings Form

Student Name:_____ ID#_____Phone:_____

SECTION A: Report all earned income from 2015 (including odd jobs) even if you/parent(s) did not earn enough to file taxes. Attach your/parent(s) Federal Income Tax Return Transcript from the IRS IF you/parent(s) file a return.

Employer Name (attach all W2s or 1099s)	Student	Mother/Step-mother	Father/Step-father
1.	$	$	$
2.	$	$	$
3.	$	$	$

SECTION B. Please answer Yes or No if you/ parent(s) received any of the following types of assistance.

Type of Assistance	Student	Mother/Step-mother	Father/Step-father
Supplemental Security Income (SSI)			
Food Stamps- received *assistance during 2014 or 2015*			
TANF (Temporary Assistance for Needy Families)			
WIC (Nutrition Program for Women, Infants, and Children			

SECTION C. Report annual amount received for 2015. If an item does not pertain to you/parent(s), enter N/A. *Attach proof for all items on this section.*

Sources of Untaxed Income	Student	Mother/Step-mother	Father/Step-father
Child support received (exclude foster care or adoption payments)	$	$	$
Military housing, food or other living allowances received.	$	$	$
Veterans' non education benefits (Disability, Death Pension, etc.)	$	$	$
Workers' compensation received (attach proof)	$	$	$
Money received or paid on your behalf (bills) not listed elsewhere	$	$	$
Wages earned outside the U.S. (Example: Mexico)	$	$	$

SECTION D. Report annual amount received for 2015. If an item does not pertain to you/parent(s), enter N/A.

Taxable Income	Student	Mother/Step-mother	Father/Step-father
College work study	$	$	$
College grants & scholarships if reported as income to IRS. Attach W2s	$	$	$
Combat pay or special combat pay (only report taxable amount)	$	$	$
Earnings from work under a co-op education program offered by a college.	$	$	$

Signatures/Initials
_____I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.

I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.
WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student_____ Parent_____ Date_____/_____/_____

For office use only: Received by_____