Phone#



Money from family

(attach letter of support)

Other Income

(Type of income)_

Total income

Student Name:_____ ID#____

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2016-2017 Low Income Form- Independent

The income you reported on your 2016-2017 FAFSA appears unusually low. Therefore, additional information is needed before completing your application process. Complete the information below. If an item does not pertain to you, report \$0.00 or N/A. Do not use pencil. **Include income and expenses for both you AND your spouse (if applicable)**				
A. 2015 INCOME/BENEFITS	TOTAL	B. 2015 EXPENSES	TOTAL	
Household Wages (attach W2s)	\$	Mortgage/Rent	\$	
Self-employment income (attach 1099s)	\$	House Insurance	\$	
Worker's Compensation (attach proof)	\$	Utilities	\$	
Child Support (attach proof)	\$	Car Payment	\$	
Military Benefits (attach proof)	\$	Car Insurance	\$	
Social Security/Disability	\$	Credit card payment	\$	
Food stamps	\$	\$ Loan Payment Medical expenses \$	\$	
TANF	\$		\$	
Alimony	\$	Dental expenses	\$	

\$___

Day care

Cell Phone Food

Total Expenses

Student Name:	ID#
If column B is great than column A, you must prowere able to pay for your expenses in 2015. It is in English. Do not use pencil. If additional space paper.	preferred that all statements be written or typed
Student:	
Signatures/Initials	
I understand that the financial aid office may request financial aid will remain incomplete until all necessary doc	additional documentation. I further understand that my uments are submitted.
I certify that our family did not receive any additional resou	rces for 2015 other than those listed on this form
I certify that all information reported on this form is complete and Aid Office at TSC to make corrections necessary to resolve any disc. WARNING: If you purposely give false or misleading information	repancies found.
Student	