**TEXAS CHIROPRACTIC COLLEGE**

**2020-2021 Verification Worksheet**

**Federal and State Student Aid Programs**

Your application was selected for review in a process called ‘verification’. In this process, TCC will be comparing your application with other documents submitted by you, and with documents already on file at TCC and with the federal processor. Under CFR Title 34, Part 668, the law says we have the right to request this information before awarding federal and state financial aid. If there are discrepancies or errors, the TCC Financial Aid Office may request further information from you, then electronically send corrections to the federal processor as needed. Incomplete or incorrect information may delay processing, so please review the form completely and respond as accurately and quickly as possible. *Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.*

INSTRUCTIONS: Please answer all the questions on this form. If it does not apply to you, put ‘NA’ or ‘O’, but do not leave it blank. Incomplete responses will delay processing and could delay your funds.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Last Name First Name MI S.S. #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic Origin Gender Marital Status Country of Permanent Residence

**ALL STUDENTS PART I: 2019 TAX INFORMATION OF STUDENT (AND SPOUSE)**

Check here if you filed / will file a 2018 tax return.

Check here if your spouse filed / will file a 2018 tax return. (Attach a copy of a Tax Return Transcript.)

Check here if you did not / will not file a 2018 tax return. Why did you not file? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check here if your spouse did not file a 2018 tax return. Why did they not file? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISREGARD – THIS WAS FOR DEPENDENT STUDENTS**

Check here if your parent(s) filed / will file a 2018 tax return. (Attach a copy of a Tax Return Transcript.)

Check here if your parent(s) did not / will not file a 2018 tax return. Why did they not file? \_\_\_\_\_\_\_\_\_\_\_\_\_

**Please turn over and complete both sides of this form, then return to:**

TCC Financial Aid Office

5912 Spencer Highway

Pasadena, Texas 77505-1699

281-998-6021 phone

**ALL STUDENTS PART II: 2018 INCOME INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **All students (and spouses) complete this section. If DEPENDENT for financial aid purposes, include parent(s) information. List grand totals, not monthly amounts. Do not leave any blanks.** | | | |
|  | **STUDENT** | **SPOUSE** | **PARENT (S)** |
| Earnings from work not on a tax return |  |  |  |
| AFDC / TANF benefits |  |  |  |
| Benefits from food stamps |  |  |  |
| Military / clergy housing allowance or benefits |  |  |  |
| 401(k) / 403(b) payments from W-2 forms |  |  |  |
| Untaxed social security / disability / Voc. Rehab. |  |  |  |
| Child support payments received |  |  |  |
| Child support payments paid |  |  |  |
| Loans from family / friends |  |  |  |
| Benefits paid on your behalf |  |  |  |
| Work study amounts on tax return |  |  |  |
| Other untaxed income not reported |  |  |  |

**ALL STUDENTS PART III: 2020-21 HOUSEHOLD INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **List the people who will live with you during any portion of the year from July 1, 2019 through June 30, 2020.**  **Include:**  **⇒ yourself and spouse, and**  **⇒ a ‘spousal equivalent’, whether you are legally married or not, and**  **⇒ your children and/or stepchildren, and**  **⇒ your parent(s), if you are dependent for financial aid purposes, and**  **⇒ any other people who live with you and receive more than 50% of their support from you.** | | | | | |
| Full name of family member | Relationship to student | Age | College in 2020 - 2021 | Social Security # | US citizen/permanent residence |
|  | **Self** |  | **TCC** |  | YES  NO |
|  |  |  |  |  | YES  NO |
|  |  |  |  |  | YES  NO |
|  |  |  |  |  | YES  NO |
|  |  |  |  |  | YES  NO |
|  |  |  |  |  | YES  NO |

**ALL STUDENTS PART V: REQUIRED SIGNATURES**

By signing this form, I certify that all information reported to qualify for financial aid is complete and correct.

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_