



Additional Income Worksheet

Your verification form contained missing information. To prevent further delays, please complete the following and promptly submit this form to the Office of Scholarships and Financial Aid.

Name		ACC ID#	
Address	City	State	Zip Code
ACC Email Address	Date of Birth	Phone Number	

Please list and explain below the resources available to meet your living expenses. Resources include money earned through work, all financial aid received, low income housing assistance, personal loans, assistance from family members or any other available resource. Include dollar amounts in your explanation.

***Dependent students must provide parent information.**

Income Resource	Student Amount	Spouse Amount	Parent 1 Amount	Parent 2 Amount
Untaxed Employment				
Social Security Benefits				
Unemployment				
Disability				
Tax-Deferred Pension and Retirement Savings				
Living Allowances paid to members of the military, clergy, and others.				
Veterans non-education benefits				
Child Support				
Other				

Return this form and documents to:

Financial Aid Office | 3110 Mustang Rd. Alvin, TX 77511 | (281) 756-3524 Fax(281) 756-3840 | fa@alvincollege.edu

Money received or paid on the Student’s behalf / In-Kind Support

List any money received or paid on the student’s behalf (e.g., payment of student’s bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2018. Include support from a parent whose information was not reported on the student’s 2020–2021 FAFSA/TASFA, but do not include support from a parent whose information was reported.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2018	Source

For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is the student’s parent whose information is reported on the student’s 2020–2021 FAFSA/TASFA. Amounts paid on the student’s behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student’s parents, such as grandparents, aunts, and uncles of the student.

***Dependent students must provide parent signature.**

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct.

Student Signature _____ Date _____

Parent Signature _____ Date _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.