WESTERN TEXAS COLLEGE

LOW INCOME STATEMENT

Award Year 2026-2027

Student's Name:_____ **Social Security Number:** _____

Phone: (____) _____ **Address:** _____

The 2024 income you reported on the FAFSA appears to be usually low. Please fill out the income statement below completely—leave no sections blank. When completed, this worksheet should show how you were able to support yourself and/or your family for 2024. **If you are a dependent student, you must include parental information on the back page.** In all cases, the total yearly income must equal or exceed the total of all expenses recorded. If not complete, the form will be returned to you causing further delay in your verification process.

Section A: Expenses and Income Information for Calendar Year 2024

DO NOT LEAVE ANY EXPENSES OR INCOME BLANK. LIST ZERO IF NO AMOUNT IS PAID OR RECEIVED.

Expenses	Student & Spouse	Income	Student & Spouse
Housing/Rent	$ per year	Earnings from all jobs	$ per year
Food	$ per year	Unemployment Compensation	$ per year
Car payment/insurance	$ per year	Withdrawals from savings	$ per year
Car maintenance/gas	$ per year	Social Security /Disability Benefits	$ per year
Utilities/Telephone/Cable	$ per year	Welfare/AFDC/TANF/SNAP	$ per year
Child Support/Alimony Paid List Children	$ per year	Bills paid by someone else on your behalf (total dollar value)	$ per year
Credit Card Payments	$ per year	Child Support Received	$ per year
Clothing	$ per year	Alimony Received	$ per year
Personal Entertainment	$ per year	Cash received from family and/or friends	$ per year
Child Care	$ per year	Total Financial Aid received in 2023-2024	$ per year
Medical/Dental Insurance	$ per year	VA Benefits	$ per year
Other:	$ per year	Housing, food, and other living allowances	$ per year
Other:	$ per year	*Other: explain below	$ per year
TOTAL EXPENSES FOR 2024:	$ per year	TOTAL INCOME FOR 2024:	$ per year

*Examples of support include food, shelter, clothing, non-cash gifts, etc. Be sure to list the total dollar value of support received in 2024._____

_____

_____

Western Texas College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities or employment policies.

Rev. 4/15/2026

As certified by the signature below, all the information provided by myself or others is true and complete to the best of my knowledge. I understand the Office of Financial Aid may request additional documentation to verify the above information.

Student Signature:_____Date:_____

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Award Year 2026-2027

Student's Name:_____ **Social Security Number:** _____

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Section A: Expenses and Income Information for Calendar Year 2024

DO NOT LEAVE ANY EXPENSES OR INCOME BLANK. LIST ZERO IF NO AMOUNT IS PAID OR RECEIVED.

Expenses	Parent/Stepparent	Income	Parent/Stepparent
Housing/Rent	$ per year	Earnings from all jobs	$ per year
Food	$ per year	Unemployment Compensation	$ per year
Car payment/insurance	$ per year	Withdrawals from savings	$ per year
Car maintenance/gas	$ per year	Social Security /Disability Benefits	$ per year
Utilities/Telephone/Cable	$ per year	Welfare/AFDC/TANF/SNAP	$ per year
Child Support/Alimony Paid List Children	$ per year	Bills paid by someone else on your behalf (total dollar value)	$ per year
Credit Card Payments	$ per year	Child Support Received	$ per year
Clothing	$ per year	Alimony Received	$ per year
Personal Entertainment	$ per year	Cash received from family and/or friends	$ per year
Child Care	$ per year	Total Financial Aid received in 2024-2025	$ per year
Medical/Dental Insurance	$ per year	VA Benefits	$ per year
Other:	$ per year	Housing, food, and other living allowances	$ per year
Other:	$ per year	*Other: explain below	$ per year
TOTAL EXPENSES FOR 2024:	$ per year	TOTAL INCOME FOR 2025:	$ per year

*Examples of support include food, shelter, clothing, non-cash gifts, etc. Be sure to list the total dollar value of support received in 2024_____

_____

_____

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Rev. 4/15/2026

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Parent/Stepparent Signature:_____Date:_____

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