

**Central Texas College
Student Support Services**

**Childcare Assistance
Income Verification Document**

I, _____, SSN # _____
(Print Name)

hereby authorize the CTC Office of Financial Aid to provide to the CTC Student Support Services information regarding my financial status. A copy of my tax return may also be furnished, if requested.

I, _____ state all information on the Student Aid
(Student's Signature)

Report (SAR) which will be used to calculate my childcare assistance is complete and correct.

***** DO NOT WRITE BELOW THIS LINE *****

OFFICE OF FINANCIAL AID

Income SOURCE

Income AMOUNT

Information furnished is from the student's 20____ Student Aid Report (SAR).

Date

**Annabelle L. Smith
Director, Office of Financial Aid**