

2026-2027
LOW INCOME VERIFICATION WORKSHEET
Texas Chiropractic College

Student Name

SS #

You have reported a total income that appears to be unusually low. Please provide further clarification that we can continue processing your application for financial aid.

1. Please explain how you/your family was supported in 2024. Please use \$\$ amounts that are as accurate as possible.
2. How did you pay rent, groceries, car payments, utilities, etc.?
3. Amount earned from work not reported on a tax return: \$ _____
4. Does anyone make payments on your behalf for any of your expenses? Please explain the sources and amounts paid:
5. Additional comments or information that we might need to know:

Texas Chiropractic College
Financial Aid Office
5912 Spencer Hwy
Pasadena, Texas 77505
281-998-6022 phone