TRIO
EDUCATIONAL OPPORTUNITY CENTERS

Project Year
Select Year

## STATEMENT OF FAMILY INCOME

CLIENT NAME _____ ☐ Independent ☐ Dependent

PARENT NAME (If Minor or Dependent) _____

NUMBER IN HOUSEHOLD _____

I (or my dependent) applied for services from the SWTXC Educational Opportunity Center (SWTXC EOC) and in order to satisfy Department of Education requirements to document family income, I certify that the following is true and correct to the best of my knowledge:

❒ **I, the Parent, am not required to file a Tax Return**

❒ **My household is not required to file a Tax Return**

**The source(s) of income for 2025 were (check all that apply)**

☐ Wages from employment in the amount of $_____
☐ SSI/Other Social Security Benefits in the amount of $_____
☐ Child Support in the amount of $_____
☐ Other Sources: _____ $_____

**TOTAL INCOME FOR 2025 was: $_____**

❒ **My household did or will file a 2025 tax Return, but no copy is available.**

| FILING STATUS | ADJUSTED GROSS INCOME | – | STANDARD DEDUCTION | = | TAXABLE INCOME |
|---|---|---|---|---|---|
| ☐ Single | $ | – | $ 15,750 | = | $ |
| ☐ Head of household | $ | – | $ 23,625 | = | $ |
| ☐ Married Joint Return or Widowed with Dependent | $ | – | $ 31,500 | = | $ |
| ☐ Married Filing Separately | $ | – | $ 15,750 | = | $ |

COMMENTS:_____

_____

The SWTXC-EOC representative has assured me that the information provided herein is considered **confidential** and is used only to determine eligibility for EOC services or other income-based opportunities that I, or my dependent, may seek.

Signature_____ Date_____

❒ Client ❒ Parent of Minor/Dependent Client