

TASFA 2019-2020**Parent Income Verification Form**

Instructions: Have your employer complete the Section A to verify your income for the 2017 calendar year. If you are self-employed, complete Section B.

SECTION A – TO BE COMPLETED BY EMPLOYER:

Employee Name: _____ Job Title: _____

2017 Wages/Salary (in USD): \$_____ Wages/Salary per (*check one*) ☐ Day ☐ Week ☐ Month ☐ Year

Additional Remarks:

Employer's Signature

Date

SECTION B – TO BE COMPLETED BY SELF-EMPLOYED:

2017 Wages/Salary (in USD): \$_____ Wages/Salary per (*check one*) ☐ Day ☐ Week ☐ Month ☐ Year

Additional Remarks:

Signature (*blue/black ink, no electronic signatures accepted*)

Date

Printed Name

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.

UNIVERSITY of HOUSTON

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