



Student Income Verification Form

As a federally funded TRIO program, Student Support Services is required to provide documentation of a student's eligibility for the program to the U.S Department of Education and implement the TRIO regulations that state two-thirds of the students served must meet federal low-income guidelines. All applicants must complete this form, whether or not they believe they qualify as low-income. **Student Support Services assures that all family and student information is kept confidential.**

STUDENT INFORMATION

Last Name First Name W Number

PARENT/GUARDIAN INFORMATION (DEPENDENT)

Last Name First Name Phone Number

INCOME VERIFICATION

Parents/Guardian income information and signature are required if the student can still be claimed as dependent according to Federal Financial Aid law.

Please complete **ONE** of the two boxes below:

PRIOR YEAR TAX RETURN INFORMATION

I certify that **TOTAL TAXABLE INCOME** from all sources in the year of _____ was \$ _____

*Note: Your TAXABLE income can be found on the federal income tax return you/your family filed for the **previous calendar year**. Each type of IRS form will have a separate line for "Total Taxable Income", do not confuse it with your total wages or your adjusted gross income. This is **NOT** the same amount as on the FAFSA and **can be found on line 10 of the 1040 tax form***

What is the **TOTAL** number of members in your household (claimed in household for taxes)? _____

DID NOT FILE A TAX RETURN

In accordance with the eligibility requirements set forth by the U.S Department of Education, I hereby certify that **NO Federal or State tax return documenting my income was filed with the Internal Revenue Service for the previous tax year.**

I certify that **TOTAL INCOME** from all sources in the year of _____ was \$ _____

What is the **TOTAL** number of members in your household (claimed in household for taxes)? _____

By signing below, I hereby swear or affirm, under penalty of perjury, that all the information on this form is true and complete to the best of my knowledge. **If asked by an authorized official, I agree to provide proof of this information, which may include a copy of my and my parent's/spouse/registered domestic partner's income tax return(s).** I also realize that any false statement or failure to give proof when asked may be cause for the denial, withdrawal from the program.

Signature of Parent/Legal Guardian (if dependent) or Self (if independent)

Date