Helena College University of Montana
TRiO Student Support Services
Income Verification

Name: _____
First M.I. Last Former Names/Maiden Name

Address:_____
Number & Street City State Zip

Telephone:_(__)_____ Email :_____
Home or Message Number

SS#:_____ Student ID # _____ DOB:_____
Month/Day/Year

Number of dependents (DO NOT count yourself): _____

Did anyone else claim you on this year's taxes? Yes ❑ No ❑

If YES, state individual's name and relationship to you: _____
ATTENTION: YOU ARE REQUIRED TO PROVIDE A COPY OF THE FEDERAL TAX RETURN IN WHICH YOU ARE LISTED AS A DEPENDENT. OBTAIN A COPY FROM THE INDIVIDUAL YOU LISTED ABOVE.

If NO, read and sign the following statement:

I HEREBY CERTIFY THAT NO FEDERAL OR STATE INCOME TAX RETURN HAS BEEN OR WILL BE FILED FOR THE YEAR_____ IN WHICH I AM CLAIMED AS A DEPENDENT.

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List all sources of income and benefits you (and/or your spouse) received during the year specified above. Do not include any financial aid.

Social Security Benefits/SSI	$ _____/month x _____ months = $_____ /year
Child Support	$_____ /month x_____ months = $_____ /year
TANAF and/or SNAP	$_____ /month x_____ months = $_____ /year
Veterans Benefits (any type)	$_____ /month x_____ months = $_____ /year
Workers' Compensation	$ _____/month x_____ months = $ _____/year
Other	$_____ /month x _____months = $ _____/year

The information provided on this form is correct and complete to the best of my knowledge.

Student's Signature:_____ Date:_____