



# Colby Community College Student Support Services

# TRiO

## STUDENT INCOME VERIFICATION FORM

### STUDENT INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student ID

### PARENT/GUARDIAN INFORMATION (DEPENDENT)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Phone Number

### INCOME VERIFICATION

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.

Parents/Guardian income information and signature are required if the student can still be claimed as a dependent according to Federal Financial Aid law. **Student Support Services assures that all family and student information is kept confidential.**

#### **Option 1: Filed a Tax Return Dependent Student**

What was your (the student's parent/guardian) taxable income for the tax year of 2016? \$ \_\_\_\_\_  
*Form 1040EZ, Line 6; Form 1040A, Line 27; Form 1040, Line 43*

How many members of the household were included on this tax return? \_\_\_\_\_  
*Forms 1040 & 1040A, box 6d*

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if dependent)

\_\_\_\_\_  
Date

#### **Option 2: Filed a Tax Return Independent Student**

What was your taxable income for the tax year of 2016? \$ \_\_\_\_\_  
*Form 1040EZ, Line 6; Form 1040A, Line 27; Form 1040, Line 43*

How many members of the household were included on this tax return? \_\_\_\_\_  
*Forms 1040 & 1040A, box 6d*

\_\_\_\_\_  
Signature of Independent Student

\_\_\_\_\_  
Date

#### **Option 3: 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 2016 tax year.

I certify that TOTAL INCOME from all sources in the year 2016 was \$ \_\_\_\_\_

How many members are part of your household? \_\_\_\_\_

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

\_\_\_\_\_  
Date

I understand that checking this box constitutes a legal signature confirming that I warrant the truthfulness of the information provided in this form.