



MONTANA STATE UNIVERSITY BILLINGS
STUDENT OPPORTUNITY SERVICES/TRiO
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: _____
MM/DD/YYYY

Number of dependents (DO NOT count yourself): _____

Did anyone else claim you on this year's taxes? Y N

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 claim myself as a dependent.

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
Welfare and/or AFDC \$ _____/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: _____