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: _____
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 CLAIM MYSELF 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
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: _____

The SOS/TRiO program is 100% federally funded at $305,308 annually.