2019-20 INCOME VERIFICATION



SOUTH SEATTLE COLLEGE - TRIO STUDENT SUCCESS SERVICES PROGRAM

*As a federally funded TRIO program, TRIO-SSS is required to provide documentation of your eligibility for our program to the U.S. Department of Education in order to meet TRIO regulations that two-thirds of the students in our program meet federal low-income guidelines.*

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SID**

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| --- |
| You must complete this form, whether or not you believe you qualify as low-income. |

**Plan select your status for the 2018 tax year:**

I was an **Independent Student** (meet 1 or more criteria below)

* I was born before 1/1/96
* I am married
* I have child(ren) or dependent(s) that I support (more than ½)
* I am an emancipated minor
* I am/was an orphan, foster youth, or ward of the court
* I am a veteran or active service member
* The Financial Aid Office has made determination that you are independent

**OR**

I was a **Dependent Student** (do not meet Independent criteria).

Please circle family size & TAXABLE income:

|  |  |
| --- | --- |
| 2018 Income & Family Size | |
| **Please circle your family size & TAXABLE Income level\* level:**  \*Taxable Income is found on IRS tax form #1040 – line 10    For families with more than 8 members, please indicate family size \_\_\_\_\_\_\_\_.  Add $6,630 per additional member for taxable income level: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **OR** I did not file a tax return last year because my income was less than required to file. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Independent Student Name – please print  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Independent Student Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dependent Student’s Parent/Guardian Name – please print  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |