

OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

1011 PAGE ST. • TROY, NC 27371 • (910) 898-9600 • FAX: (910) 576-2176 Federal School Code – 008087 · <u>https://www.montgomery.edu/financial-aid</u>

2021-22 Non-Filer/Low Income Verification Form

2019 TAX YEAR information being provided

Student Name

MCC ID/SSN#_

Non-Filers Name (*if different than Student***)**

Complete this form, only if you, the student, (and/or your spouse) or Parent(s), if dependent, did not file and were not required to file a Federal Tax Return or submitted a Tax Return Transcript showing unusually low income (which is considered \$5,000 or less). Please send a copy of all W-2s and an IRS Wage and Income Transcript from the IRS website (and a Verification of Non Filing (4506-T) if you did not file).

Note: If an Automatic Tax Extension is filed or will be filed you cannot use this form.

MCC Financial Aid Office has completed an initial review of your Free Application for Federal Student Aid (FAFSA). Additional Information is needed to verify the income from last year. According to our records you, (spouse if applicable) and/or parent(s) have not filed, and are not required to file a Federal Income Tax Return or a Tax Return showing unusually low income was submitted. Are you employed now? If so, attach the most recent W2.

Below is a chart that we need for you to complete using 2019 information. Please list your average household monthly expenses and how they were paid in the appropriate boxes. In addition, attach a legible copy of all W-2s or an IRS Wage and Income Transcript with the student's name and MCC student ID number.

NOTE: If you, your spouse, and/or parent(s) were not required to file a 2019 Federal tax return because of Foreign Income, please submit a copy of the Foreign Tax Return with currency converted to US dollars.

NOTE: If you were not employed or did not receive any untaxed income, but reside with individuals who support you, please indicate a dollar value you would assess to that support.

Type of Household Expense	What it costs per month	Source of Income
 Housing: My own home/apartment Other (please specify, i.e. with friends, family) 		
2. Household Utilities (average per month): electricity, phone, gas, water, etc.		
3. Food:		
4. Clothing:		
5. Transportation:		
6. Medical Insurance:		
TOTAL:		

i was incarcerated last year beginning	and ending	
	and ending Month/Year	/lonth/Year
Please provide taxable and non-taxable in	ncome for any portion of the year that you we	ere not incarcerated:
Total Taxable income: \$	Source:	
Total Non-taxable income \$	Source:	
id you have any bills in your name last y surance policy)? □ Yes □ No	year? (e.g. credit cards, cell phones, rent, po	ower bills, car payments, car
lere any bills in your name paid for you	by someone else or an organization? \Box	Yes 🗆 No
	or the year and who paid the bill. <i>Please</i> i	nclude any payments received
om any crisis assistance organizations.		
	eive any of the following benefits last yea	r?
] SNAP (Food Stamps) 🛛 Pu	blic Housing	r?
	blic Housing NF (Work First)	r?
] SNAP (Food Stamps) □ Pu] Utility Check □ TA □ Medicaid □ W	blic Housing NF (Work First) /IC	
] SNAP (Food Stamps) □ Pu] Utility Check □ TA □ Medicaid □ W Miscellaneous Income	blic Housing NF (Work First)	r? Annual Amount
 SNAP (Food Stamps) Pu Utility Check TA Medicaid Wiscellaneous Income Miscellaneous: Social Security Disability 	blic Housing NF (Work First) /IC	
 SNAP (Food Stamps) □ Pu Utility Check □ TA Medicaid □ W Miscellaneous Income Miscellaneous: Social Security Disability Other Disability Benefits 	blic Housing NF (Work First) /IC	
 SNAP (Food Stamps) □ Pu Utility Check □ TA Medicaid □ W Miscellaneous Income Miscellaneous: Social Security Disability Other Disability Benefits Unemployment Benefits 	blic Housing NF (Work First) /IC	
 SNAP (Food Stamps) □ Pu Utility Check □ TA Medicaid □ W Miscellaneous Income Miscellaneous: Social Security Disability Other Disability Benefits 	blic Housing NF (Work First) /IC	
 SNAP (Food Stamps) □ Pu Utility Check □ TA Medicaid □ W Miscellaneous Income Miscellaneous: Social Security Disability Other Disability Benefits Unemployment Benefits Alimony 	blic Housing NF (Work First) /IC	

We recommend you make a copy of this worksheet for your records. Submit this completed worksheet immediately to the MCC Office of Financial Aid and Veterans Affairs