



## OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

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Federal School Code – 008087 • <https://www.montgomery.edu/financial-aid>

### 2025-26 Non-Filer/Low Income Verification Form

2023 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 showing unusually low income (which is considered \$10,000 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 2023 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 2023 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
1. Housing: <input type="checkbox"/> My own home/apartment <input type="checkbox"/> 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:		
<b>TOTAL:</b>		

**Only complete this section if you were incarcerated last year.**

I was incarcerated last year beginning \_\_\_\_\_ and ending \_\_\_\_\_.  
Month/Year Month/Year

Please provide taxable and non-taxable income for any portion of the year that you were not incarcerated:

Total Taxable income: \$ \_\_\_\_\_ Source: \_\_\_\_\_  
Total Non-taxable income \$ \_\_\_\_\_ Source: \_\_\_\_\_

**Did you have any bills in your name last year?** (e.g. credit cards, cell phones, rent, power bills, car payments, car insurance policy)? ☐ **Yes** ☐ **No**

**Were any bills in your name paid for you by someone else or an organization?** ☐ **Yes** ☐ **No**

**If yes, list each bill and the amount paid for the year and who paid the bill. Please include any payments received from any crisis assistance organizations.**

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**Did you or anyone in your household receive any of the following benefits last year?**

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|---|--|
| <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> Public Housing    |
| <input type="checkbox"/> Utility Check      | <input type="checkbox"/> TANF (Work First) |
| <input type="checkbox"/> Medicaid           | <input type="checkbox"/> WIC               |

Miscellaneous Income	Monthly Amount	Annual Amount
Miscellaneous:		
• Social Security Disability	_____	_____
• Other Disability Benefits	_____	_____
• Unemployment Benefits	_____	_____
• Alimony	_____	_____
• Child Support	_____	_____
• Other: _____	_____	_____

**By signing this form, I/we certify that I/we are not required to file, have not filed and will not file a Federal IRS Form , a Tax Return for Puerto Rico or for a foreign country or have provided a Tax Return Transcript that shows unusually low income.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***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***