

**STUDENT SUPPORT SERVICES
THE UNIVERSITY OF TOLEDO
SIMPLE APPLICATION
INCOME VERIFICATION FORM**

Criteria: Income Guidelines

The term "low-income" means the family's taxable income is within a set range determined by the Government. The **Annual Low Income Levels can be found at** <http://www.ed.gov/about/offices/list/ope/trio/incomelevels.html> Using a copy of last year's 1040 federal tax form complete table below.

Dependent students should have their parent(s) or legal guardian(s) complete the questions related to financial information. Questions should be read as applying to the **parent's** income and expenses. Parent or legal guardian should sign the form.

- Please answer completely all items below.
- If a value is zero, place a zero in the space provided.
- Be sure to sign and date this application when it is complete.
- Students can submit one copy of a current FAFSA summary or SAR to complete the Income Verification portion of the application

| Income Verification Form | | | | | | | | | |
|--|--------|--------|--|----|--|----|--|----|--|
| 1. Indicate Filing Year (2008, 2009, etc) | | | | | | | | | |
| 2. Number of people in your household: | | | | | | | | | |
| 3. Filing Status (Married, Single, Head of Household, etc) | | | | | | | | | |
| 4. Adjusted Gross Income | \$ | | | | | | | | |
| 5. Taxable Income | \$ | | | | | | | | |
| 6. If you did not file and are not required to file a Federal income tax return, list below your employer(s) and any income received (use the W-2 form or other earning statements if available). | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; padding: 5px;">Source</th> <th style="width: 30%; padding: 5px;">Amount</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> </td> <td style="text-align: center; padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="text-align: center; padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="text-align: center; padding: 5px;">\$</td> </tr> </tbody> </table> | Source | Amount | | \$ | | \$ | | \$ | |
| Source | Amount | | | | | | | | |
| | \$ | | | | | | | | |
| | \$ | | | | | | | | |
| | \$ | | | | | | | | |

Certification

I hereby certify that the information I have furnished regarding the size of my family and taxable income is true to the best of my knowledge and hereby grant permission for The University of Toledo's Student Support Services (TRIO) Program to have access to my official records in order to complete my application, and to request professors/instructors to release class information to TRIO in order for program representatives to assist me.

Student Social Security Number: _____

Check One:

Dependent Student

Independent Student

A financially independent student is at least 24 years old as of January 1 of the academic year, is married, is a graduate or professional student, has a legal dependent other than a spouse, is a veteran of the US Armed Forces, or is an orphan or ward of the court (or was a ward of the court until age 18).

| Signatures and Date | |
|--|------|
| Print Student Name | |
| Signature | Date |
| A parent or guardian of financially dependent students must sign this form or attach a <u>signed</u> income tax form. | |
| Print Parent Name | |
| Signature | Date |

STUDENTS CAN SUBMIT ONE COPY OF A CURRENT FAFSA SUMMARY OR SAR TO COMPLETE THE INCOME VERIFICATION PORTION OF THE APPLICATION.

FAILURE TO COMPLETE THIS FORM WILL RESULT IN DELAYS IN PROCESSING YOUR APPLICATION. EVEN IF YOU DO NOT FEEL THAT YOU ARE "LOW INCOME" ELIGIBLE, PLEASE, SUBMIT THE INFORMATION FOR OUR RECORDS. THE INFORMATION WILL BE REVIEWED BY PROJECT STAFF AND OFFICIAL REPRESENTATIVES OF THE DEPARTMENT OF EDUCATION.

SUBMIT THE INCOME VERIFICATION FORM:

Student Support Services
The University of Toledo
Mail Stop 523

Toledo OH 43606-3390
419.530.3841- fax
419.530.3850- office

**Federal TRIO Programs
2008 Annual Low Income Levels**

(Effective January 23, 2009 Until Further Notice)

| Size of Family Unit | 48 Contiguous States, D.C., and Outlying Jurisdictions | Alaska | Hawaii |
|---------------------|---|----------|----------|
| 1 | \$16,245 | \$20,295 | \$18,690 |
| 2 | \$21,855 | \$27,315 | \$25,140 |
| 3 | \$27,465 | \$34,335 | \$31,590 |
| 4 | \$33,075 | \$41,355 | \$38,040 |
| 5 | \$38,685 | \$48,375 | \$44,490 |
| 6 | \$44,295 | \$55,395 | \$50,940 |
| 7 | \$49,905 | \$62,415 | \$57,390 |
| 8 | \$55,515 | \$69,435 | \$63,840 |

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](#), Vol. 74, No. 14, January 23, 2009, pp. 4,199-4,201.