



2021-22 Student's Income Information for Special Circumstance

Student Name: _____

Student ID#: _____

Tech E-Mail: _____

Phone#: _____

Please do your best to give estimates for the total income sources for the year indicated below. If needed, multiply the dollar amount by the appropriate number of weeks/months/paychecks to determine the gross amount to the list below (e.g., \$1,000 x 12 months = \$12,000). If a line item is left blank, you are certifying you have not received and there is not a possibility of receiving income of that kind.

- Documentation must be included for each of the items you list a value greater than "\$0".
- Please note that income adjustment requests for the 2021 tax year:
 - Requests received prior to 12/1/21, must provide all year-to-date statements (with a minimum of 3 consecutive months' documentation). However, requests that are reviewed 12/1/21 or later will not be processed using this form, but rather the appeal will be reviewed using a signed copy of your 2021 federal tax return.

Expected Income Sources for (please indicate year):		Student	Student Spouse (if student is married)
<input type="checkbox"/> 2020 (1/1/2020 – 12/31/2020)	- OR -	<input type="checkbox"/> 2021 (1/1/2021-12/31/2021)	
Section A: Taxable Income – *If requesting review for 2020 tax year skip section A.*			
Earned Income from Work (attach copy of most recent paystub(s))		\$	\$
Unemployment Compensation (Gross)		\$	\$
Severance Package/ Retirement Benefits		\$	\$
Alimony Received		\$	\$
Business, Farm or Rental Net Income		\$	\$
Investment Income: Dividends, Interest, Net Rental Income, etc.		\$	\$
Capital Gains (Sale of Property, etc.)		\$	\$
Taxable Social Security or Welfare		\$	\$
IRA/Retirement Account Withdrawals (not included Rollovers)		\$	\$
Pensions and Annuity Income		\$	\$
S Corporation & Partnership Income		\$	\$
Section B: Untaxed Income			
Child Support received		\$	\$
Tax Exempt Interest Income		\$	\$
Untaxed portions of Pension and Annuity Income		\$	\$
Other Untaxed Income: Worker's Compensation or Disability (not Social Sec.)		\$	\$
Non-Educational Veterans Benefits (Exclude GI Bill Benefits)		\$	\$
Payments to tax-deferred pensions and savings		\$	\$
IRA deductions & payments to self-employed SEP,SIMPLE,KEOG or other plans		\$	\$
Untaxed portions of IRA distributions		\$	\$
Military/Clergy Housing Allowance paid to you		\$	\$
Any other income (please itemize)		\$	\$
Section C: Additional Financial Information			
Child Support Paid		\$	\$
Alimony Paid		\$	\$
Taxable Earnings from Need-Based Work-Study		\$	\$
Student Grants or Scholarships Reported to IRS		\$	\$
Taxable Combat Pay or Special Combat Pay		\$	\$

The Montana Technological University Financial Aid Office will carefully review your information, but please remember that even though the review of reduced income may result in a lower Expected Family Contribution (EFC), it may not result in additional financial aid.

By signing this form, I affirm that all information on this form and on any attachments is complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature (Required)

Date