



Financial Aid Office
 Lommasson Center 218
 Missoula, MT 59812-2232
 Phone: (406) 243-5373
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Parent's Income Information for Special Circumstance

Student Name: _____
 UM E-Mail: _____

UM ID#: 790 _____
 Phone#: _____

Please do your (the parent(s) on the student's 2020-21 FAFSA) 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 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 2020 tax year:
 - Requests given prior to 12/1/20, must provide all year-to-date statements (with a minimum of 3 consecutive months' documentation). Requests that are reviewed 12/1/20 or later will not be processed using this form, but rather the appeal will be reviewed using a signed copy of the parent's 2020 federal tax return.

| Expected Income Sources for (please indicate year): <input type="checkbox"/> 2019 (1/1/2019 – 12/31/2019) - OR - <input type="checkbox"/> 2020 (1/1/2020-12/31/2020) | Parent | Parent's Spouse (if parent is married) |
|---|--------|---|
| Section A: Taxable Income – *If requesting review for 2019 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 UM Financial Aid Office will carefully review your information, but please remember that even though the review of reduced income may result in a lower the Expected Family Contribution (EFC), it may not result in additional financial aid.

By signing below, I/We certify that all of the information provided on this form is true and complete to the best of my/our knowledge. I/We understand this request may require further documentation and is subject to the professional judgment of the UM Financial Aid Office staff. Decisions are made annually and on a case-by-case basis. Any decision is final and applies **only** to UM. Please note if you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Parent Signature: _____ Date: ____/____/____