



Financial Aid Office
 Lommasson Center 218
 Missoula, MT 59812-2232
 Phone: (406) 243-5373
 Fax: (406) 243-4930
faid@mso.umt.edu

Student's Income Information for Special Circumstance

Student Name: _____
 UM E-Mail: _____

UM ID#: 790 _____
 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 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). However, 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 your 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)	Student	Student Spouse (if student 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 certify that all of the information provided on this form is true and complete to the best of my knowledge. I 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.

Student Signature: _____ Date: ____/____/____