

# AGENCY NON-TAXABLE INCOME VERIFICATION

MT. HOOD COMMUNITY COLLEGE  
OFFICE OF FINANCIAL AID  
26000 SE STARK ST. GRESHAM, OR 97030  
503-491-7262 FAX: 503-491-7379

Please COMPLETE Part A of this form and TAKE IT TO ( \_\_\_\_\_ )  
for verification of the non-taxable income you have received or will receive.

## STUDENT STATUS

**DEPENDENT:** Fill in parent and student  
information. Sign on student and  
parent lines in PART A.

**INDEPENDENT:** Fill in student information only.  
Sign student (and spouse) line in  
PART A.

---

## PART A (STUDENT SECTION)

I authorize your agency to release the requested information about my non-taxable income to the Office of Financial Aid at Mt. Hood Community College for the purpose of determining eligibility for financial aid.

_____ Student Signature	_____ Date	_____ Parent/Spouse Signature	_____ Date
_____ Student Social Security Number		_____ Parent/Spouse Social Security Number	
_____ Benefit Holder/Deceased Spouse Social Security Number		_____ Benefit Holder/Deceased Parent Social Security Number	

---

## PART B (AGENCY SECTION)

\_\_\_ The above named parent (and dependents) has received no benefits from this agency.  
\_\_\_ The above named parent (and dependents) received benefits but they were terminated on \_\_\_\_\_.  
\_\_\_ The above named parent (and dependents) is currently receiving benefits as indicated below.  
\_\_\_ The above named student/spouse has received no benefits from this agency.  
\_\_\_ The above named student/spouse has received benefits but they were terminated \_\_\_\_\_.  
\_\_\_ The above named student/spouse is currently receiving benefits as indicated below.  
\_\_\_ The above named student will have monthly benefits reduced while attending school to \$\_\_\_\_\_.

TYPE OF BENEFIT(S)	20__ TOTAL PAID	20__ TOTAL PAID	20__ EXPECTED YET TO PAY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Agency person completing form (Please print)

\_\_\_\_\_  
Title

Signature

Date

Street Address

---

City

State

Phone #