

**INCOME VERIFICATION**

*Student Support Services/STEM Student Support Services
Seminole State College*

Student Name: _____

Student ID: _____

2019 **TAXABLE** Income: \$ _____ (line **11B** of **1040** Return)

Size of family unit: _____

I confirm, to the best of my knowledge, that the above listed information for my 2019 Annual Taxable Income is accurate.

 Parent Signature*

 Date
***dependent** students must have parent signature

TRIO office use only below

Federal TRIO Programs
Current-Year Low-Income Levels

(Effective **January 15, 2020** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$19,140	\$23,925	\$22,020
2	\$25,860	\$32,325	\$29,745
3	\$32,580	\$40,725	\$37,470
4	\$39,300	\$49,125	\$45,195
5	\$46,020	\$57,525	\$52,920
6	\$52,740	\$65,925	\$60,645
7	\$59,460	\$74,325	\$68,370
8	\$66,180	\$82,725	\$76,095