



NON-TAXABLE INCOME VERIFICATION (NIV)

Academic Year 2008-2009

Please mail directly to:
 HAWAII COMMUNITY COLLEGE
 FINANCIAL AID OFFICE
 200 W. KAWILI STREET
 HILO, HAWAII 96720-4091

HAWAII COMMUNITY COLLEGE, FINANCIAL AID OFFICE

STUDENT SECTION

Verification on non-taxable income paid to you or your family is required in order to process your financial aid application. Complete this section, then submit this form to the agency from which you, your spouse, parents, and family received benefits if you are otherwise unable to verify this information accurately.

Student's Last First Mi Social Security Number Telephone

The information requested pertains to:
 The student (spouse and his/her dependents)
 Student's parents (and their dependents)

Beneficiary/Claimant Name: Last First Mi Case/Social Security/I.D. No.

Information Requested from:

_____ Social Security Administrator

_____ Department of Human Services (DHS) or other welfare department

_____ Veterans Administration

_____ Other (specify agency) _____

I/We authorize the release of information regarding my/our financial assistance from the agency above to the Hawaii Community College Financial Aid Office.

Student's Signature: _____ Date: _____

Other Beneficiary Signature: _____ Date: _____

FOR AGENCY USE ONLY

OFFICIAL USE ONLY

Complete this section (DHS printout is NOT acceptable) and return form directly to the Hawaii Community College Financial Aid Office.

List below the names of the Beneficiary/Claimant's household members who received any benefits during the 2007 CALENDAR year or who will receive benefits during the school year 2008-2009.

Household members (list all)	Benefit Type*	2007 Year (01/01/07 – 12/31/07)	9/08 – 5/09 ESTIMATE

*e.g. Tuition, books, SSA, TDI, full disability, G.I. Bill, VEAP, AFDC, ADC, etc. (estimated year info needed only when change of benefit is expected in noted time frame)



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Federal and State regulations relative to student financial aid mandate coordination and verification of all family financial resources for those students selected for verification. The information provided below will be used only to determine financial aid eligibility and will be kept confidential by the campus pursuant to the 1974 Family Educational Rights and Privacy Act.

Recipient has received aid from _____ to _____ continuously in the State of Hawaii.

FOR CHILD SUPPORT VERIFICATION ONLY:

CALENDAR YEAR 2007
 Current Monthly Payments
 (1/1/07 TO 12/31/07)

Current Monthly Payments

TOTAL

Child Support Payments made direct to Benefit recipient. \$ _____ \$ _____

ALL AGENCIES: If changes in payments are anticipated during the next year, please explain below:

 Name of Person Completing Form (Type or Print)

 Title/Official Position

 Signature

 Phone Number

 Ext#

 Date

TO CERTIFYING OFFICIAL:

We would like to thank you for your time and attention spent on our students behalf.