



Promise Program

2020 Income Verification Statement

Complete the applicable section of this statement if a 2019 tax return is unavailable.

INDEPENDENT Students

I, _____, have _____ members in my household.

(PRINT FULL NAME)

(# in household including you)

My total taxable family income for 2019 (**line 11b, 2019 federal 1040 form**) was _____.

I verify that this statement is true to the best of my knowledge.

Student Signature

Date

DEPENDENT Students

I, _____, have _____ members in my household.

(PARENT/GUARDIAN FULL NAME)

(# in household including you)

My total taxable family income for 2019 (**line 11b, 2019 federal 1040 form**) was _____.

I verify that this statement is true to the best of my knowledge.

Parent/Guardian Signature

Date

Student Signature

Date