2000-2001
NON-TAXABLE INCOME VERIFICATION (NIV)

Federal and State regulations relative to student financial aid mandate coordination and verification of all family financial resources. 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

STUDENT SECTION

Verification of non-taxable income paid to 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, family received / receives non-taxable income benefits. The agency will complete and return it to the UH Hilo Financial Aid Office.

ONE FORM MUST BE COMPLETED BY EACH AGENCY FROM WHICH BENEFITS ARE RECEIVED.

The information requested pertains to:
- [ ] the student (spouse and his/her dependents)
- [ ] student’s parents (and their dependents)

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

Information requested from:
- [ ] Social Security Administration
- [ ] Department of Human Services (DHS) or other welfare department
- [ ] Veterans Administration
- [ ] Child Support (printout from Child Support Enforcement Agency or copy of divorce decree specifying current child support agreements, etc.)
- [ ] Other (specify agency) __________________________________________

I/We authorize the release of information regarding my / our financial assistance from the agency above to the University of Hawai‘i at Hilo Financial Aid Office.

_______ __________________________
Student’s Signature Date

_______ __________________________
Parent’s Signature Date

FOR AGENCY USE ONLY

Complete this section and return the form directly to the UH Hilo Financial Aid Office address on page 2.

List below the names of the Beneficiary/Claimant’s household members who received any benefits during the 1999 CALENDAR year or who will receive benefits during the school year 2000-2001.

List All Household Members in This Column

Indicate Type of Benefits*  Total 1999 Benefits  Expected Monthly Benefits from

Student

* e.g. Tuition, books, Social Security, child care benefits, Supplemental Social Security Income, disability, G.I. Bill, VEAP, AFDC, ADC, Child Support etc.

**If not for the entire academic period, specify number of months_________ and dates_________ to_________.

(over)

MM/YY   MM/YY   MM/YY
FOR DSSH ONLY

Does the recipient’s payments listed include child support?  Yes ☐  No ☐ .

Recipient has received aid from _____________ to ___________ continuously in the State of Hawai‘i.

FOR CHILD SUPPORT ENFORCEMENT ONLY

Calender Year 1999
(1/1 to 12/31)
Total Amount
Currently
Payments

Pass-thru Payments $_________________ $_________________

Child Support Payments made direct to benefit recipient
$_________________ $_________________

ALL AGENCIES

If changes in payments are anticipated during the next year please explain:

______________________________________________________________________________

______________________________________________________________________________

Name of person completing form (Type or Print) Agency Title/Official Position

Signature Phone No. Date

Please mail to:

University of Hawai‘i at Hilo
Financial Aid Office
200 West Kawili Street
Hilo, Hawai‘i 96720-4091