



# Office of Financial Aid

## Verification of Untaxed Income Form

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Part 1: Instructions:** Check off any of the following income sources that you or a member of your household received in 2018:

- Supplemental Nutrition Assistance Program (SNAP) Benefits
- Medicaid or Supplemental Social Security benefits (SSI)
- Special Supplemental Nutrition Program for Women, Infants, and Children(WIC)
- Temporary Assistance for Needy Families (TANF)
- Other: Please list: \_\_\_\_\_

**Part 2: Instructions:** Students required to provide parental information on the FAFSA answer each question below as it applies to the student and the student’s parent(s) whose information is on the FAFSA. If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student’s spouse, if married) whose information is on the FAFSA. **If any item does not apply**, enter “N/A” for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested. All amounts should be reported annually.

**A. Payments to tax-deferred pension and retirement savings**

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

| Name of Person Who Made the Payment | Total Amount Paid in 2018 | Relationship to Student |
|-------------------------------------|---------------------------|-------------------------|
|                                     |                           |                         |
|                                     |                           |                         |
|                                     |                           |                         |

**B. Child support received**

List the actual amount of any child support received in 2018 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

| Name of Adult Who Received the Support | Name of Child For Whom Support Was Received | Amount of Child Support Received in 2018 |
|--|---|--|
|  |   |  |
|  |   |  |
|  |   |  |

**C. Housing, food, and other living allowances paid to members of the military, clergy, and others**

Include cash payments and/or the cash value of benefits received. **Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

| Name of Recipient | Type of Benefit Received | Amount of Benefit Received in 2018 |
|-------------------|--------------------------|------------------------------------|
|                   |                          |                                    |
|                   |                          |                                    |
|                   |                          |                                    |

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

**D. Veterans non-education benefits**

List the total amount of veterans non-education benefits received in 2018. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

| Name of Recipient | Type of Veterans Non-education Benefit | Amount of Benefit Received in 2018 |
|-------------------|--|------------------------------------|
|                   |  |                                    |
|                   |  |                                    |

**E. Other untaxed income**

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include** any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

| Name of Recipient | Type of Other Untaxed Income | Amount of Other Untaxed Income Received in 2018 |
|-------------------|------------------------------|---|
|                   |                              |   |
|                   |                              |   |

**F. Money received or paid on the student's behalf**

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2018. Include support from a parent whose information was not reported on the student's 2020–21 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's 2020–21 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

| Purpose: e.g., Cash, Rent, Books | Amount Received in 2018 | Source |
|----------------------------------|-------------------------|--------|
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|                                  |                         |        |

Comments:

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ (Dependent Students only)