

## 2016-2017 Verification of Other Untaxed Income for 2015

Your 2016-2017 FAFSA was selected for verification of 2015 Untaxed Income by the Department of Education. You are required to complete this form for a review of any untaxed income that may have been used to support your or your parent's (if dependent) household. Review the instructions below, complete the form accordingly, and submit to the Financial Aid Office along with other required documentation.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's ID

**SECTION A:**

Select Applicable Statement:	Instructions for reporting amounts - <u>You must list annual amounts below:</u>
<p style="text-align: center;"><b>OPTION 1</b></p> <p>____ I, the student, was required to provide parental information on my 2016-17 FAFSA. Therefore, this form contains annual 2015 information for me and my parents.</p>	<p>Annual 2015 amounts for you and your parent(s) should be calculated by multiplying your monthly amount by 12, unless you did not receive the same amount every month. If you and/or your parent(s) received unequal monthly amounts add the amounts received from January 2015 through December 2015 together to get the total amount to be reported below.</p>
<p style="text-align: center;"><b>OPTION 2</b></p> <p>____ I, the student, was NOT required to provide parental information on my 2016-17 FAFSA. Therefore, this form contains annual 2015 information for me, and if I am married, my spouse.</p>	<p>Annual 2015 amounts for you and your spouse (if married) should be calculated by multiplying your monthly amount by 12, unless you did not receive the same amount every month. If you and/or your spouse (if married) received unequal monthly amounts add the amounts received from January 2015 through December 2015 together to get the total amount to be reported below.</p>

**SECTION B:**

**Untaxed Income Items Required.** Report total annual amounts for **2015**. If an item does not apply to you, your parents, or your spouse use "0" or "N/A." Boxes left blank will result in additional information being requested from you that may delay the determination of your financial aid eligibility.

Student's Total 2015 Amount:	Untaxed Income:	Parent(s) Total 2015 Amount (if Box 1 is checked above):	Spouse Total 2015 Amount (if married and Box 2 is checked above):
\$	<p><b>Payments made to tax-deferred pension and retirement savings.</b> 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.</p>	\$	\$
\$	<p><b>Child Support Received.</b> List actual amount received in 2015 for children in your household. Do not include foster care payments, adoption payments, or court-order amounts not actually paid. <b>SUPPORT FOR THIS CHILD(REN):</b> _____</p> <p><b>ADULT RECEIVING PAYMENT:</b> _____</p>	\$	\$

**Untaxed Income Items Required.** Report total annual amounts for **2015**. If an item does not apply to you, your parents, or your spouse use "0" or "N/A." Boxes left blank will result in additional information being requested from you that may delay the determination of your financial aid eligibility.

Student's Total 2015 Amount:	Untaxed Income:	Parent(s) Total 2015 Amount (if Box 1 is checked above):	Spouse Total 2015 Amount (if married and Box 2 is checked above):
\$	<b>Housing, food, and other living allowances paid to members of the military, clergy, and others.</b> Include cash payments and cash value of benefits. <u>Do not include</u> the value of on-base military housing or the value of a basic military housing allowance (BAH).	\$	\$
\$	<b>Veteran's non-education benefits.</b> List the total 2015 amounts including disability, death pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. <u>Do not include</u> federal veterans' educational benefits like the Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, or the Post 9/11 GI Bill. <b>TYPE OF BENEFIT:</b> _____ _____	\$	\$
\$	<b>Money paid or received on your behalf.</b> Include money received or paid on the student's behalf that is not reported above. Examples may include bills paid, gifts, 529 distributions from an account owned by someone other than the student or parent. This may include money received from a parent not reported on the <b>2016-17</b> FAFSA, but do not include money received from a parent included on the FAFSA. <b>SOURCE/PURPOSE:</b> _____ _____	<b>DO NOT INCLUDE</b>	\$
\$	<b>Other items not reported above.</b> Include items such as worker's compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS 1040, Line 25, Railroad Retirement Benefits, etc. Do not include student aid, earn income credit, additional child tax credit, TANF, SNAP, SSI, 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. <b>SOURCE:</b> _____ _____	\$	\$

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's ID

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**SECTION C:**

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. ***This may include items that were not required to be reported on the FAFSA or other forms submitted to the Financial Aid Office, such as federal veterans' education benefits, military housing, SNAP, TANF, etc.***

If more space is needed, provide a separate page with the student's name and ID number at the top.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015

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**SECTION D:**

This section provides an opportunity for you to provide details about any items listed in Section B or C above. If more space is needed you may provide a separate page with the student's name and ID number at the top.


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**Certification and Signature:** Each person signing this form certifies that all the information reported here is complete and correct. The student must sign and date below. If the student is considered dependent for the purpose of applying for Federal Student Aid, then the parent's signature and date is also required.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature  
(Required only if student checked Box 1 in Section A above.)

\_\_\_\_\_  
Date