

## 2018-2019 Untaxed Income Verification Form

**Student Name:** \_\_\_\_\_ **Student ID Number:** G \_\_\_\_\_

This form must be completed in full in order for our office to process your FAFSA. **Use zero to indicate you do not have any dollar amount to report.** Blank or incomplete forms will not be processed.

- **Dependent students must complete both the parent and student section.**
- **Independent students who are married must include their spouse's assets in the student section.**

| Please complete with <b>2016</b> income information.   | Parent(s)    | Student |
|--|--------------|---------|
| Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reports on the W-2 forms in Boxes 12a through 12d, <b>ONLY</b> codes D, E, F, G, H, and S. <b>Don't include</b> codes A – C, J – R, T – Z, AA, BB, DD, EE, or FF.  | \$           | \$      |
| Child support <b>received</b> by you for any of your children. <b>Don't include</b> foster care or adoption payments.  | \$           | \$      |
| Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of a basic military allowance for housing.  | \$           | \$      |
| Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work Study allowances   | \$           | \$      |
| Other untaxed income not reported above, such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 (line 25). <b>Don't include</b> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. | \$           | \$      |
| Money received, or paid on your behalf (e.g., bills), not reported elsewhere on the FAFSA. This includes money that you received from a parent or other person whose financial information is not reported on the FAFSA and that is not part of a legal child support agreement.   | Student Only | \$      |

By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. All attachments and supporting documents are true to the best of our knowledge. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return your completed form to the Office of Financial Aid & Scholarships by email, fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.**