

2019-2020 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 <u>2017</u> 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, ONLY codes D, E, F, G, H, and S. Don't include codes A – C, J – R, T – Z, AA, BB, DD, EE, or FF.	\$	\$
Child support received by you for any of your children. Don't include 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). Don't include 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). Don't include 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 fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.