

2012-13
UNTAXED INCOME STATEMENT
HOPE COLLEGE OFFICE OF FINANCIAL AID

 (please print) Student's Last Name First MI Hope ID#

Complete the following to verify any untaxed income your family received during 2011.

STUDENT	PARENTS
\$ Untaxed Social Security benefits received for all household members (including the untaxed portion of Social Security benefits reported on parents' IRS Form 1040-line 20a or 1040A-line 14a)	\$
+ Untaxed SSI disability benefits received for ALL household members	+
+ Payments to tax-deferred pension & savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H and S	+
+ IRA deductions & payments to self employed SEP, SIMPLE & Keogh, & other qualified plans (IRS Form 1040-total of lines 28 + 32; or 1040A-line 17)	+
+ Welfare benefits (including TANF). Do not include food stamps or subsidized housing	+
+ Child support received for all children. Don't include foster care or adoption payments	+
+ Tax-exempt interest income (IRS Form 1040-line 8b; or 1040A-line 8b)	+
+ Foreign income exclusion (IRS Form 2555-line 45; or Form 2555EZ-line 18)	+
+ Untaxed portions of IRA distributions (IRS Form 1040-line 15a minus 15b; or 1040A-line 11a minus 11b). Exclude rollovers.	+
+ Untaxed portions of pensions (IRS Form 1040-line 16a minus 16b; or 1040A-line 12a minus 12b). Exclude rollovers.	+
+ Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits)	+
+ Veterans' non-education benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), &/or VA Educational Work Study allowances	+
+ Worker's compensation	+
+ Any other untaxed income or benefits. Itemize source(s):	+
+ Supplemental Nutritional Assistance Program (food stamps):	+
+ Cash received or any money paid on your behalf, not reported elsewhere on this form (explain on the back of this form)	XXXXXXXXXX
\$ _____ STUDENT TOTAL	PARENT TOTAL \$ _____

DON'T INCLUDE THE FOLLOWING UNTAXED INCOME TYPES ON THIS WORKSHEET:

Student financial aid, Workforce Investment Act educational benefits, benefits from flexible spending arrangements (e.g. cafeteria plans), and combat pay if you are not a tax filer.

 Student's Signature

 Parent's Signature

_____/_____/_____
 Date

RETURN TO:

HOPE COLLEGE
 Office of Financial Aid
 100 E. 8th Street. Suite 110
 P.O. Box 9000
 Holland, MI 49422-9000
 FAX#: (616) 395-7160
 E-mail: finaid@hope.edu