



**STUDENT VERIFICATION OF 2015 UNTAXED INCOME**

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ SSN: \_\_\_\_\_

**Please complete each of the sections listed below. Enter a zero or “NA” if something does not apply.**

**A. VERIFICATION OF CHILD SUPPORT RECEIVED:** Please tell us how much you received for the **2015 calendar year for all children:**

\$ \_\_\_\_\_

**B. 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	TYPE OF PAYMENT	AMOUNT PAID IN 2015

**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	AMOUNT RECEIVED IN 2015

**D. VETERANS NON-EDUCATION BENEFITS:** List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do NOT** include federal veterans education benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

NAME OF RECIPIENT	TYPE OF BENEFIT	AMOUNT RECEIVED IN 2015

**D. OTHER UNTAXED INCOME:** List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as worker’s 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 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 INCOME	AMOUNT RECEIVED IN 2015

**E. MONEY RECEIVED OR PAID ON THE STUDENTS BEHALF:** List any money received or paid on the student’s behalf (e.g. payments of student’s bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information **was not** reported on the student’s FAFSA, but **do NOT** include support from a parent whose information **was** reported. 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 etc.	SOURCE	AMOUNT RECEIVED IN 2015

**Signatures: By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both**

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Signature (Dependent Students Only)

\_\_\_\_\_  
Date