



2015-16 Other Untaxed Income Verification

(FADUIE) Federal Student Aid Programs

Toll Free: 1-800-226-2643 Phone: (870) 460-1050 Fax: (870) 460-1450
University of Arkansas at Monticello Financial Aid Office P.O. Box 3470 Monticello, AR 71656

Your application was selected for review in a process called "Verification." In this process, UAM is required by federal law to compare information from your FAFSA with this worksheet and the financial documents you will submit. If there are differences between your FAFSA and your financial documents, UAM may need to make electronic corrections to your FAFSA. **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.**

What You Should Do:

1. Complete this form in blue or black ink, including the required signatures.
2. Contact the UAM Financial Aid Office if you have questions about completing this form.
3. Bring, fax, or mail this completed form and any other requested documents to the UAM Financial Aid Office.
4. Please provide a copy of all 2014 IRS W-2 Forms issued by employers to the dependent student and the parents.
5. **DO NOT MAKE ANY FURTHER CORRECTIONS TO THE FAFSA UNLESS SPECIFICALLY ADVISED TO DO SO BY THE UAM FINANCIAL AID OFFICE.** If you no longer plan to attend UAM, please sign the Verification letter giving permission for your file to be closed.

NOTE: This form will be returned to you if the information is not fully and accurately completed.

Dependent

For Office Use:

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	SSN	UAM Student ID #
_____			_____	
Street Address			Date of Birth	
_____	_____	_____	_____	_____
City	State	Zip Code	Home Phone #	Cell Phone #

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter "0" in an area where an amount is requested.

Report student and parent information

Type of Household Resources for 2014	Student	Parent
Payments to tax-deferred pension and retirement savings List any payments (paid directly 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 the W-2 Form in Boxes 12a through 12d, with codes D, E, F, G, H and S. Name of the person/s who made the payment: _____	\$	\$
Child support received List the actual amount of any child support received for all children in your household. (Do not include foster care, adoption or any amount that was court-ordered but not actually paid.) Monthly _____ X 12 = _____ Name of adult who received the support: _____ Name of child(ren) for whom support was received: _____	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy and others List the total amount of 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. (Don't include the value of on-base military housing or the value of a basic military allowance for housing.) Name of recipient: _____ Type of benefit: _____	\$	\$
Veterans non-educational benefits List the total amount of veterans non-education benefits. Include Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. (Do not include federal veterans educational benefits such as: Post 9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits.) Monthly _____ X 12 = _____ Name of recipient: _____ Type of benefit: _____	\$	\$

COMPLETE NEXT PAGE

Report student and parent information

Type of Household Resources for 2014	Student	Parent
<p>Other untaxed income List the total amount of other untaxed income not reported and not excluded elsewhere on this form. Include Worker's compensation, disability, Black Lung Benefits, Untaxed portions of health savings accounts from IRS form 1040 Line 25, Railroad Retirement, etc. (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).</p> <p>Name of recipient: _____ Type of benefit: _____</p>	\$	\$
<p>Money received or paid on the student's behalf List any money received or paid on the student's behalf (e.g., payment of student bills), not reported elsewhere on this form. This includes support from a parent whose information is not reported on FAFSA. (Do not include support from a parent whose information was reported on the FAFSA.)</p> <p>Purpose of money received (ex: cash, rent, books, etc.): _____ Source: _____</p> <p>Purpose of money received (ex: cash, rent, books, etc.): _____ Source: _____</p> <p>Purpose of money received (ex: cash, rent, books, etc.): _____ Source: _____</p>	\$	\$
<p>Additional Information Please provide 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, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.</p> <p>Type of financial support (ex: cash, rent, books, etc.): _____ Name of Recipient: _____ Monthly _____ X 12 = _____</p> <p>Type of financial support (ex: cash, rent, books, etc.): _____ Name of Recipient: _____ Monthly _____ X 12 = _____</p> <p>Type of financial support (ex: cash, rent, books, etc.): _____ Name of Recipient: _____ Monthly _____ X 12 = _____</p> <p>Type of financial support (ex: cash, rent, books, etc.): _____ Name of Recipient: _____ Monthly _____ X 12 = _____</p>	\$	\$

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

SIGN (student and parent must sign and date)

Each person signing this form certifies that all the information reported on it is complete and correct. The student and spouse must sign and date.

_____ Student	_____ Date
_____ Parent	_____ Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.