



2016-2017 Untaxed Income Worksheet

Your 2016-2017 FASFA was selected by the U.S. Dept. of Education in a process called "Verification." According to federal financial aid program rules (34 CFR, Part 668), the school must request, review, and compare your 2015 income information with the figures reported on your 2016-2017 FAFSA.

Complete this entire form or it will NOT be processed. If no dollar amounts apply, enter a zero or N/A.

Student's Last Name	First Name	Student ID #	
Address (include apt. #)	City	State	Zip Code
Phone Number		E-mail Address	

- **Dependent Students:** Complete the **STUDENT** Amount and **PARENT** Amount columns.
- **Independent Students:** Complete the **STUDENT** Amount and **SPOUSE** Amount (if applicable) columns.

STUDENT Amount	SPOUSE Amount	Report the amounts received from all UNTAXED Income sources during 2015	PARENT Amount
\$	\$	Payments to tax-deferred pension and retirement savings plans, including but not limited to, amounts reported on W2 forms in Boxes 12a-12d. (Don't include amounts reported in code DD.)	\$
\$	\$	Child support received for any of your children (excluding 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, such as worker's compensation, disability, etc. (excluding foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements, 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 this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not parent of a legal child support agreement.	\$

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

Student	Date	Parent (Required for dependent students)	Date
---------	------	--	------

Return completed worksheet to: MCCC, Financial Aid Office, 1555 S Raisinville Rd Monroe, MI 48161 or fax to 734-384-4212