



2017-2018 Student Untaxed Income Verification Form

PART 1: STUDENT

Student's Name: _____ SS# _____

PART 2: FEDERAL BENEFIT PROGRAMS

Place a check (✓) for the appropriate response next to each of the federal benefit programs listed below that anyone in your family (included in the household as reported on the FAFSA) received benefits from during 2015:

Federal Benefit Program	YES	NO
Social Security Benefits/ Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
Free or Reduced Lunch	<input type="checkbox"/>	<input type="checkbox"/>
TANF	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>

PART 3: UNTAXED INCOME

<i>Enter amounts for the items below, which pertain to you (and your parents or spouse). (If an item does not pertain to you, write "0.")</i>	2015 Amount (1/1/2015 – 12/31/2015)	
	Student	Parent(s)/Spouse
Payments to tax deferred pension and savings plans, including amounts reported on the W-2 Form in boxes 12a-12d, codes D,E,F,G,H, and S. Include untaxed portions of 104(k) and 403(b) plans. (Do not include code DD)	\$ _____	\$ _____
Child support RECEIVED for all 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.)	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Veteran's non-education benefits such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC)	\$ _____	\$ _____
Cash received, or any money paid on your behalf	\$ _____	\$ _____
Other untaxed income: (Specify: _____)	\$ _____	\$ _____

PART 4: INCOME EXCLUSIONS

Work Study Earnings (from W-2's and reported on taxes):	\$ _____	\$ _____
Child support PAID for all children. Do NOT include children listed in the household.	\$ _____	\$ _____
Grant and scholarship aid reported to the IRS in the adjusted gross income.	\$ _____	\$ _____

By signing this form, I certify that all of the information reported to qualify for federal student financial aid is complete and correct.

Student's Signature _____ Date _____
 Parent's Signature _____ Date _____

(A parent's signature is required if parent information is included.)