



2016-2017 Untaxed Income Form

Name: _____ ID#: _____

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

PLEASE NOTE: Student and/or Parent W-2 forms MUST be attached to this form for tax filers.

Student & Spouse	2015 Untaxed Income Source	Parent(s)
\$ /yr	Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits). Attach 2015 W-2.	\$ /yr
\$ /yr	Child support received for any of your children. Don't include foster care or adoption payments.	\$ /yr
\$ /yr	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.	\$ /yr
\$ /yr	Veteran non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ /yr
\$ /yr Source:	Other untaxed income not reported in above, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 —line 25. (Don't include extended 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 (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.)	\$ /yr Source:
\$ /yr Source:	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 part of a legal child support agreement.	\$ /yr Source:

Other (please explain): _____

As certified by the signatures below, all the information provided by myself and/or others is true and complete to the best of my (our) knowledge. I/we understand that the Financial Aid Office may request additional documentation to verify the above information. (Note: If you are a dependent student, you and a parent must sign this form; if you are married, you and your spouse must sign.)

Student's Signature: _____ Date: _____

Student's Spouse's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____