

Name of Financial Aid Applicant (Please print)

2017-18

Last First MI

RETURN TO:

@ Student ID# Date of Birth

OFFICE OF FINANCIAL AID

Previous Last Names (if applicable)

INDEPENDENT VERIFICATION OF OTHER UNTAXED INCOME (V6)
(Complete the box above and answer all questions on this form.)

A. 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.

Table with 2 columns: Name of Person Who Made the Payment, Total Amount Paid in 2015

B. CHILD SUPPORT RECEIVED

List the actual amount of any child support received in 2015 for the children in your household. Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Table with 3 columns: Name of Adult Who Received the Support, Name of Child For Whom Support Was Received, Amount of Child Support Received 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.

Table with 3 columns: Name of Recipient, Type of Benefit Received, Amount of Benefit 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 educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

Table with 3 columns: Name of Recipient, Type of Veterans Non-education Benefit, Amount of Benefit Received in 2015

E. OTHER UNTAXED INCOME

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

Table with 3 columns: Name of Recipient, Type of Other Untaxed Income, Amount of Other Untaxed Income Received in 2015

F. 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'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 2017-2018 FAFSA. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions. 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, such as parents, grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2015	Source

ADDITIONAL INFORMATION:

So that we can fully understand the student's family's financial situation, please provide below 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 veteran's education benefits, military housing, SNAP, TANF, etc.

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

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015

OTHER CIRCUMSTANCES NOT REPORTED PREVIOUSLY ON THIS FORM:

Signatures: By signing this worksheet, we certify that all the information reported to qualify for federal student aid is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.**

Signature of Applicant Date

Signature of Applicant's Spouse (optional) Date

RETURN THIS FORM TO THE OFFICE OF FINANCIAL AID.