

2018–2019 Independent Untaxed Income Verification

Student name _____ Student ID number _____

As part of the verification process for your 2018-2019 FAFSA, you and your spouse (if applicable) must verify any untaxed income received in 2016. Please report any untaxed income received in 2015 in the table below, provide your signature, and submit to the Financial Aid Office in person, by fax, or by email.

	Student
Payments to tax-deferred pension or savings plans: <i>Include any amount listed on the W-2 in Box 12a-12d with any of the following codes: D, E, F, G, H, and S.</i>	\$
Child support received: <i>For any of your children. *Do not include foster care or adoption payments.</i>	\$
Housing, food and other living allowances paid to members of the military, clergy and others: <i>*Do not include the value of on-base military housing or the value of a basic military allowance for housing.</i>	\$
Veterans non-education benefits: <i>Including but not limited to Disability, Death Pension, Dependency & Indemnity Compensation, and VA Educational Work-Study allowances.</i>	\$
Other untaxed income: <i>Include any untaxed earnings from work and untaxed portions of health savings accounts. *Do not include foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, WIA educational benefits, combat pay, benefits from flexible spending arrangements, foreign income exclusion, or credit for federal tax on special fuels.</i>	\$
Money received or paid on the student's behalf: <i>Include any money received by the student to pay for bills in the student's name and any distributions received by the student from a 529 plan that is owned by someone other than the student's parent(s).</i>	\$

I certify that the information provided on this form is true and correct to the best of my knowledge. I am aware that if I intentionally give false or misleading information on this form, I may be fined, sentenced to jail, or both.

Student signature _____ Date _____

Spouse signature (optional) _____ Date _____

