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Student ID # **Last Name** **First Name**

2019-2020 STUDENT'S 2017 UNTAXED INCOME

(Enter the combined amounts for you and your spouse)

Failure to complete this form will delay the processing of your aid.

Because verification of your other untaxed income and benefits is required, please complete the section below.

COMPLETE WITH THE AMOUNTS RECEIVED IN CALENDAR YEAR 2017

(LEAVE NOTHING BLANK-If a question does not apply, put zero or DNA.)

Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Box 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). _____

Child support **received** for any of your 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). **Don't include** the value on 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. _____

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. _____

REQUIRED SIGNATURES

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct.

If married, spouse signature is required.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

_____

Student's Signature **Date**

_____

Spouse's Signature **Date**

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