# Household Resources (Dependent): 2014-2015
# Other Untaxed Income or Benefits

**Student Name: _____ ID/SSN: __ _____**

Your FAFSA application has been selected by the federal government for a process called "***Verification***." The Financial Aid Office compares the information on your FAFSA application with the documentation requested. Corrections will be made to your FAFSA application if necessary.

**Verification documents need to be completed before any financial aid can be processed.**

- Complete all items on both sides.
- If an item **does not apply**, enter "0" or "N/A" for Not Applicable.
- List annual, total amounts received in 2013 – do not list weekly or monthly amounts.
- Complete the form as it applies to the student and the parent(s) whose information is on the FAFSA.

## A. Payments to tax-deferred pension and retirement savings

- List any contributions to tax-deferred pension and retirement savings plans (e.g. 401k or 403b plans).
- This includes, but is not limited to, amounts on W2 forms Box 12a-12d with codes D, E, F, G, H, S.

| Name of Person Who Made Retirement Contribution | Total Contributed in 2013 |
|---|---|
| | |
| | |

## B. Child support received

- List the actual amount of any child support received in 2013 for the children in your household.
- Do not include foster care or adoption payments or any court-ordered support that was not actually paid.

| Name of Parent Who Received the Support | Name of Child for Whom Support was Received | Amount of Child Support Received in 2013 (annual total) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## C. Housing, food, living allowances paid to members of the military, clergy, and others

- Include cash payments and/or equivalent cash value benefits received.
- Do not include the value of on-base military housing or basic military allowance for housing (BAH).

| Name of Recipient | Type of Benefit Received | Amount Received in 2013 |
|---|---|---|
| | | |
| | | |

## D. Veterans non-education benefits

- List the total amount of veterans non-education benefits received in 2013. Include Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and VA Educational Work Study allowances.

| Name of Recipient | Type of Veteran Benefit | Amount Received in 2013 |
|---|---|---|
| | | |
| | | |

## E. Untaxed benefits

- Check any of the benefits your household received in 2013.

- ❒ Social Security Benefits (SSI, SSDI, Survivor's, Retirement)
- ❒ TANF or other Welfare Benefits
- ❒ SNAP (food stamps), WIC, or Free Reduced Lunch

## F. Other untaxed income

- List the amount of other untaxed income not reported elsewhere on this form.
- Include workers' compensation, disability, untaxed portions of health savings accounts (IRS Form 1040, line 25), Railroad Retirement Benefits, etc.
- Do not include any items previously listed in sections A-E on this form.

| Name of Recipient | Type of Untaxed Income | Amount Received in 2013 |
|---|---|---|
| | | |
| | | |

## G. Money received or paid on behalf of the student

- 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. Examples: cash, gift cards, paying bills, rent, etc. and 529 education savings plans.
- Enter the total amount of cash support the student received in 2013, except if received from the parent whose information is provided on the 2014-2015 FAFSA.
- Include support from a parent whose information was not reported on the 2014-2015 FAFSA.

| **Purpose:** cash, rent, books, bills, other expenses, etc. | Source/Provider | Amount Received in 2013 |
|---|---|---|
| | | |
| | | |
| | | |

## H. Additional Information

- If there are other sources of financial support in the household not listed on this form, attach an explanation with annual 2013 amounts. Explanation attached: **Yes** (attached) ___ **No** (not applicable) ___

## I. Certification/Signatures

Before signing:

- ➢ Review all sections of this form to ensure a response is provided. Enter N/A or "0" if appropriate.
- ➢ Incomplete forms will be returned causing a delay in determining your financial aid.

*Each person signing this form certifies that all the information reported on it is complete and correct.*

Student:_____ Date: _____

Parent: _____ Date: _____

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