



## 2017 - 2018 Dependent Verification Of Untaxed Income Worksheet

Your 2017-2018 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 (if applicable) 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.

*According to federal requirements, we must verify any Untaxed Income Received by you and your parent(s) that are listed on the FAFSA. Please complete and return this form. Upon receipt of this information, we can continue processing your financial aid file.*

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
SSN or Student ID#

**Make sure to Answer ALL questions for both the student AND the parents listed on the FAFSA.**

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

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

**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.

| 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.

| 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.

| 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

| 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.

**Do not include** any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

| 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, but do not include support from a parent whose information was reported. 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 **unless the person is the student's parent whose information is reported on the student's 2017–2018 FAFSA**. 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 or the student's parents, such as grandparents, aunts, and uncles of the student.

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



# 2017 - 2018 Dependent Verification Of Untaxed Income Worksheet (Page 3)

**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 veterans 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 |
|-------------------|---------------------------|--|
|                   |                           |  |
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**Comments:**


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**CERTIFICATION AND SIGNATURE**

By signing this worksheet, I (we) certify that all of the information reported on this worksheet is complete and correct. If the student is a dependent, at least one parent must sign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined \$20,000, be sentenced to prison, or both.

STUDENT’S SIGNATURE

DATE

PARENT’S SIGNATURE (DEPENDENT STUDENTS ONLY)

DATE

*Return to: Spring Arbor University, 106 E Main St, Spring Arbor, MI 49283 or fax: 517-750-5555.***IF YOU HAVE QUESTIONS CONCERNING THIS FORM, CALL 517-750-2900.**