

## All Income Verification 2017-2018

**USE BLACK OR DARK INK ONLY**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(Print or type) Last name First Name

To help us gain a better understanding of how your household was financially supported during the 2015 calendar year, please complete this form and submit it to our office as soon as possible. While some types of untaxed income are not required to be reported on your FAFSA and will not be added to your application, please do not omit any information. If additional space is needed, please attach a separate page.

- *If you were required to provide parental information on your 2017-2018 FAFSA, please answer the questions as they apply to you and your parent(s) whose information is on the FAFSA.*
- *If you were not required to provide parental information on the FAFSA, please answer the questions as they apply to you (and your spouse, if married).*

**A. List all income from 2015.**

List any income received from a 2015 Form W-2 from an employer, self-employment, odd jobs, etc. Attach all 2015 W-2 Forms, 1099's, and signed copies of all Schedules C and F, if you have not already submitted them.

Does not apply to my family.

Name of person who earned this income	Employer	Total amount paid in 2015	W-2, 1099, or Schedule Attached?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**B. 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 your 2015 W-2 form in boxes 12a through 12d with codes D, E, F, G, H, and S.

Does not apply to my family.

Name of person who made the payment	Type of plan	Total amount paid in 2015

**C. Child support received**

List the actual amount received for each child 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.

Does not apply to my family.

Name of adult who received payment	Name of child for whom payment was received	Total amount received in 2015

**D. 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. Example: If you lived in dorms for free as a Resident Assistant in 2015, include the cash value of this benefit.

Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Does not apply to my family.

Name of recipient	Type of benefit	Total amount received in 2015

**E. 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 veteran’s educational benefits such as Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Does not apply to my family.

Name of recipient	Type of veterans non-education benefit	Total amount 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 a student’s utility bill) during 2015. Include support from a parent whose information was NOT reported on the student’s 2017-2018 FAFSA. Do not include any support from a parent whose information was reported on the FAFSA.

Does not apply to my family.

Name of recipient	Type of untaxed income	Total amount received in 2015

**G. Additional information**

List other types of resources or benefits not reported elsewhere on this form. Disclose workers’ compensation, SSI, disability, Railroad Retirement Benefits, TANF, etc. Include the untaxed portions of health savings accounts from IRS Form 1040, line 25. All though we will not change your FAFSA to include any amounts that are not required to reported, it helps to understand how your household was sustained in 2015.

Does not apply to my family.

Name of recipient	Type of untaxed income	Total amount received in 2015

**Please include any notes that will help us to understand how your household was financially supported in 2015:**

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By signing this document, I certify that the information reported is complete and correct. If I purposely give false or misleading information, I may be fined, sentenced to jail, or both. If there is reason to believe that the information in this document is inaccurate, we may ask you for additional information.

\_\_\_\_\_  
Student Signature (Please print this form to sign)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if applicable)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date