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Student's LastName                      Student's FirstName                      MI                      Student's ID Number

\_\_\_\_\_  
Student's Email Address                      Student's Phone Number                      Student's Date of Birth

**Please Note:** This form asks for amounts from two different years. The other untaxed income and child support received uses 2015 information. The additional financial support uses 2016 information.

**Other Untaxed Income**

Answer each question below as it applies to the student and the student's spouse (if married).

**If any item does not apply** enter "N/A" for Not applicable where a response is requested or enter 0 (zero) if an area where an amount is requested.

**2015 IRS W-2 Forms:** Copies of all 2015 IRS W-2 Forms issued by the employers to the student and spouse must be provided.

**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.

Name of Person Who had Untaxed Income in 2015	Type of Untaxed Income Received in 2015	Student Amount for 2015	Spouse Amount for 2015
<i>Joe Jones</i>	Money received or paid on the students behalf	<i>\$500.00</i>	<i>0</i>
	Payments to tax-deferred pension and savings plans		
	Housing, food, and other living allowances paid to members of the military, clergy		
	Veterans noneducation benefits		
	Money received or paid on the students behalf		
	Other untaxed income		

**Other Untaxed Income includes:** Untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, black lung benefits, untaxed portions of health savings accounts from IRS Form 1040 line 25, railroad retirement benefits etc.

**Do not include:** items reported or excluded in the table above. In addition, do not include: extended foster care benefits, student aid, earned income credit, additional child tax credit, TANF, untaxed social security benefits, SSI, WIOA educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.

**Child Support Received**

Complete this section if child support was received in 2015 for any 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 Child Support in 2015	Name of Child for Whom Support Was Received in 2015	Annual Amount of Child Support Received in 2015
<i>Joe Jones</i>	<i>Josh Jones</i>	<i>\$5,000</i>
Total Amount of Child Support Received		\$

**Additional Financial Support**

Please provide information about any other resources, benefits and other amounts received by the student, spouse 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 includes such things as federal veterans’ education benefits, military housing, SNAP, TANF, etc.

Please complete all sections of the form, for items that do not apply indicate with a “0” for amounts and “n/a” for other information.

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 Support in 2016	Amount of Financial Support Received in 2016
<i>Jim Jones (example)</i>	SNAP	\$4164
	AFDC Benefits (Specify Type)	
	TANF	
	SNAP	
	Housing Assistance (Specify Type)	
	Utility Assistance (Specify Type)	
	WIC	
	WIA	
	Medicaid/SSI (Specify Type)	
	Combat Pay	
	Unemployment compensation	
	Student Aid used for living expenses	
	Alimony	

If you received other assistance that is not listed above please provide an explanation below with the type and amount of the assistance provided. For example if your family lives with someone who provides you room and board please provide their name, relationship to you and an estimate for the amount of support provided.

Comments:

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**CERTIFICATION AND SIGNATURES**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **Please note - If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

The student must sign and date.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse’s Signature (optional)

\_\_\_\_\_  
Date

***If you have any questions, please contact your financial aid administrator.***