

2016-2017 Verification of Other Untaxed 2015 Income • Independent

Student Information

HU Student ID# _____

Print Student Last Name _____ Print Student First Name _____ Print Student M.I. _____

Student Email Address _____ Student Primary Phone Number _____ Student Date of Birth _____

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested. If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

2015 IRS W-2 and/or 1099 forms: Provide copies of **ALL 2015 IRS W-2 and/or 1099 forms** issued by the employers to the independent student and spouse, if the student is married.

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. Independent Student's Family Information

List below the people in the student's household. Include: (1) Yourself (the student). (2) The student's spouse, if the student is married. (3) The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student. (4) Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Include the name of the college for any household member who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017.

If more space is needed, attach a separate page with the student's name and HU Student ID# at the top.

| FULL NAME | AGE | RELATIONSHIP | COLLEGE | ENROLLED AT LEAST ½ TIME |
|-----------|-----|--------------|---------|--------------------------|
| | | Self | | |
| | | | | |
| | | | | |
| | | | | |

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 W-2 forms in Boxes 12a through 12d with codes D,E,F,G,H, and S.

| NAME OF PERSON WHO MADE THE PAYMENT | ANNUAL AMOUNT PAID IN 2015 |
|--|----------------------------|
| | |
| | |
| | |
| TOTAL PAYMENTS TO TAX-DEFERRED PENSION AND RETIREMENT SAVINGS | \$ |

C. Child Support Received

List the actual amount of any child support received in 2015 for the children listed 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 | ANNUAL AMOUNT OF CHILD SUPPORT RECEIVED IN 2015 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| TOTAL AMOUNT OF CHILD SUPPORT RECEIVED | | \$ |

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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.
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 | ANNUAL AMOUNT OF BENEFITS RECEIVED IN 2015 |
|--|--------------------------|--|
| | | |
| | | |
| | | |
| | | |
| TOTAL AMOUNT OF BENEFITS RECEIVED | | \$ |

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 veterans educational benefits such as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits

| NAME OF RECIPIENT | TYPE OF VETERANS NON-EDUCATION BENEFIT | ANNUAL AMOUNT OF BENEFITS RECEIVED IN 2015 |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| TOTAL AMOUNT OF BENEFITS RECEIVED | | \$ |

F. 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 Innovation and Opportunity Act (WIOA) 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 | ANNUAL AMOUNT OF OTHER UNTAXED INCOME RECEIVED IN 2015 |
|---|------------------------------|--|
| | | |
| | | |
| | | |
| | | |
| TOTAL AMOUNT OF OTHER UNTAXED INCOME | | \$ |

G. 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 2016–2017 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. 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, such as parents, grandparents, aunts, and/or uncles of the student.

| PURPOSE: e.g., cash, rent, books, etcetera | ANNUAL AMOUNT RECEIVED IN 2015 | SOURCE |
|--|--------------------------------|--------|
| | | |
| | | |
| | | |
| TOTAL AMOUNT RECEIVED | \$ | |

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H. Additional Information

Please provide 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 | ANNUAL AMOUNT OF FINANCIAL SUPPORT RECEIVED IN 2015 |
|---|---------------------------|---|
| | | |
| | | |
| | | |
| | | |
| TOTAL AMOUNT OF FINANCIAL SUPPORT RECEIVED | | \$ |

Comments

I. Certification and Signatures

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

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

 Student's Signature

 Date

 Spouse's Signature (If Married)

 Date