2016-2017
Verification of Other Untaxed Income for 2015

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Student ID</th>
</tr>
</thead>
</table>

**Verification of untaxed income for 2015**

**Dependent students must now include both legal (biological or adoptive) parents, if the parents live together, regardless of the marital status or gender of the parents.** 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 required to provide parental information on the FAFSA answer each question below as it applies to the student and the student’s parent(s) whose information is on the FAFSA.

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.

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.

<table>
<thead>
<tr>
<th>Name of Person Who Made the Payment</th>
<th>Total Amount Paid in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Name of Adult Who Received the Support</th>
<th>Name of Child For Whom Support Was Received</th>
<th>Amount of Child Support Received in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Type of Benefit Received</th>
<th>Amount of Benefit Received in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Type of Veterans Non-education Benefit</th>
<th>Amount of Benefit Received in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Type Other Untaxed Income</th>
<th>Amount of Other Untaxed Income in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 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 unless the person is the student’s parent whose information is reported on the student’s 2016–2017 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.

<table>
<thead>
<tr>
<th>Purpose: e.g., Cash, Rent, Books</th>
<th>Amount Received in 2015</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Student’s Name: __________________________________________       ID: ________________________

Additional information:

If none of the above situations apply to you, so that we can better understand your family's financial situation, please provide a statement explaining your financial circumstances in 2015.

______________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

By signing this worksheet, I (we) certify that all of the information reported on this worksheet is complete and accurate. If dependent, at least one parent must sign.

Student Signature  Date     Parent Signature   Date

Important Notes:
• Do not make corrections to your FAFSA after turning in this form.
• Your financial aid eligibility will not be determined until all forms listed under “My Documents” on MyChaffeyView are received and reviewed for accuracy.

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