



## 2016-17 Verification of Other Untaxed Income (V6)

Name \_\_\_\_\_

SSN or BRCC ID \_\_\_\_\_ 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. **Only dependent students are required to provide parental information.**

**2015 IRS W-2 forms:** Provide copies of all 2015 IRS W-2 forms issued by the employers to the dependent student and the student’s parents or to the independent student and spouse, if the student is married.

**A. Payments to tax-deferred pension and retirement savings**

List any payments 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
	\$
	\$
<b>Total Payments to Tax-deferred Pension &amp; Retirement Savings</b>	<b>\$</b>

**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	Annual Amount of Child Support Received in 2015
		\$
		\$
		\$
<b>Total Amount of Child Support Received</b>		<b>\$</b>

**C. Housing, food, and other living allowances paid to members of the military, clergy, etc.**

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 housing allowance.

Name of Recipient	Type of Benefits Received	Benefits Received in 2015
<b>Total Amount of Benefits Received</b>		<b>\$</b>

**D. Veterans non-education benefits**

List the total amount of veterans non-education benefits received in 2015. Include Disability, Black Lung Benefits, 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 Benefits	Annual Amount of :Benefits Received in 2015
		\$
<b>Total Amount of Benefits Received</b>		<b>\$</b>

**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** 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 Untaxed Income Received in 2015
		\$
		\$
Total Amount of Other Untaxed Income		\$

**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. 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, i.e.: grandparents, aunts and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Source	Annual Amount Received in 2015
		\$
		\$
Total Amount Received		\$

**G. Additional Information:**

Provide information about any other resources, benefits, and other amounts received by 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. If more space is needed; please provide a separate page with your 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		\$

**CERTIFICATIONS & SIGNATURES**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (If, Dependent)

\_\_\_\_\_  
Date