

Please complete, print, sign, and submit to campus address listed at the bottom of this form

tudent Name		University ID Number			
(Please Print)	Last	First	Middle		

Based on the information provided on your Free Application for Federal Student Aid (FAFSA) you or your spouse, if married, must verify the amount of untaxed income received in 2015. Please indicate below, **ALL** source(s) and amount(s) of untaxed income received in 2015. Please list a \$0 for item amounts that do not apply.

A. Attach copies of W2s or 1099s

Student	Spouse		
Yes, my W2's or 1099's are attached	Yes, my W2's or 1099's are attached		
No, I certify I was not issued W2's or 1099's.	No, I certify I was not issued W2's or 1099's.		
Student Signature:	Spouse Signature:		

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 code D, E, F, G, H, and S. **Don't include** amounts reported in code DD (employer contributions toward employee health benefits). Parent(s) must verify the amount of untaxed income received in 2015. Please indicate below, **ALL** source(s) and amount(s) of untaxed income received in 2015. Please indicate below.

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 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		\$

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-Educational 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 amounts of other 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 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 extended foster care benefits, 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, on-base military housing or a military housing allowance, 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 <u>was not</u> reported on the student's 2016-2017 FAFSA, but do not include support from a parent whose information was reported. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan <u>owned by someone other than the student</u> <u>or the student's parents</u>, such as grandparents, aunts, and uncles of the student.

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

Certification and Signatures: Signing this form certifies all of the information reported is complete and correct. The student must sign and date the form. <u>Warning:</u> If you purposely give false or misleading information on this form you may be fined, be sentenced to jail, or both.

Student Signature

Date

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