



2016–2017 Other Untaxed Income Verification Worksheet

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. In this process, we are required by federal law to compare the information from your FAFSA application with the information provided on this form. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet and submit the form to the Financial Aid Office. We cannot process your financial aid until verification has been completed.

Complete this form and return it to: CC Financial Aid Office, 600 Centralia College Blvd., Centralia, WA, 98531-4099
Phone: 360.736.9391 ext. 234 **Fax:** 360.330.7105 **Email:** financialaid@centralia.edu

Student Information

_____ Last Name	_____ First Name	_____ M.I.	_____ Social Security Number
_____ Mailing Address (include apt. no.)			_____ Student Identification Number
_____ City	_____ State	_____ Zip Code	_____ Date of Birth
_____ Email Address			_____ Phone Number

If any item does not apply, enter “N/A” for Not Applicable where a response is requested, or enter 0 (zero) in an area where an amount is requested.

If you were required to provide parental information on the FAFSA answer each question below as it applies to yourself and your parent(s) whose information is on the FAFSA.

If you were not required to provide parental information on the FAFSA answer each question below as it applies to yourself (and your 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 that amount. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month during 2015.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

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	\$

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		\$

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 Benefit Received in 2015
Total Amount of Benefits Received		\$

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 Benefit Received in 2015
Total Amount of Benefits Received		\$

Other untaxed income

List the amount of other untaxed income not reported and not included 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 the previous sections of this form. 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, Supplementary 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 Received		\$

Money received or paid on the student's behalf

List any money received or paid on your behalf (e.g., payment of your bills) and not reported elsewhere on this form. Enter the total amount of cash support you received in 2015. Include support from a parent whose information was not reported on your 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 you or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is a parent whose information is reported on your 2016-2017 FAFSA**. Amounts paid on your behalf also include any distributions to you from a 529 plan owned by someone other than you or your parents, such as grandparents, aunts, and uncles.

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

Additional Information:

Provide information about any other resources, benefits, and other amounts received by yourself and any members of your 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, 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		\$

Please provide any additional information that would help us understand how you met your living expenses. If you now have income you did not have during the 2015 year, please explain here. If you need additional space to write, please attach additional pages.

Written Explanation:

Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct.

Warning: if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student Signature

Date

Parent Signature (if dependent)

Date

**Federal law requires original handwritten signatures. Digital signatures will not be accepted.
Your application will be considered incomplete if original signatures are missing.**

Why we need your Social Security number: Disclosure of your social security number is mandatory to apply for Federal student aid, under Section 484(a)(4)(B) of the Higher Education Act of 1965, as amended. The college uses your social security number to match your records with the Free Application for Federal Student Aid, to identify you and to process payments.