



Verification of Other Untaxed Income for 2015

Due to new federal regulations the Department of Education requires untaxed income not otherwise reported on the FAFSA to be verified.

PLEASE NOTE: If student is **dependent and was required to provide parental information on the FAFSA answer each question below as it applies to the student and/or the student's parent(s)** whose information is on the FAFSA. If student is **independent and was not required to provide parental information on the FAFSA** answer each question below as it applies to the student and/or the student's spouse, as applicable.

If a section is not applicable to you, please list a "0" or "N/A" in the field. BLANKS CAUSE THE DOCUMENT TO BE CONSIDERED INCOMPLETE.

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-12d with codes D,E,F,G,H,S

Name of Person Who Made the Payment	Relationship to Student (ex. self, parent, spouse)	Total Amount Paid in 2015

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 Recipient	Relationship to Student (ex. self, parent, spouse)	Total Amount Received in 2015

C. HOUSING, FOOD, AND OTHER LIVING ALLOWANCES PAID (TO YOU) AS A MEMBER 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 housing or the value of a basic military allowance for housing.

Name of Recipient	Relationship to Student (ex. self, parent, spouse)	Total Amount Received in 2015

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.

Name of Recipient	Relationship to Student (ex. self, parent, spouse)	Total Amount Received in 2015

PLEASE SEE NEXT PAGE FOR ADDITIONAL ITEMS TO BE VERIFIED

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 (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.

Name of Recipient	Relationship to Student (ex. self, parent, spouse)	Type of Income	Total Amount Received in 2015

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.

Name of Recipient	Relationship to Student (ex. self, parent, spouse)	Income Source	Total Amount Received in 2015

G. ADDITIONAL INFORMATION

Please provide below 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, HUD, SSI etc.

Name of Recipient	Relationship to Student (ex. self, parent, spouse)	Type of Income	Total Amount Received in 2015

Comments:

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct.

Student Name

Student Signature

Parent Signature (If dependent on FAFSA)

Student ID #

Date

Return this form to: Simpson University, Student Financial Services 2211 College View Dr, Redding, CA 96003 (530) 226-4621; FAX (530) 226-4855 financialaid@simpsonu.edu
