

# MARIST OFFICE OF STUDENT FINANCIAL SERVICES



Supplemental Financial Aid Information

Verification of Other Untaxed Income  
2018-2019 Academic Year

Page 1 of 3

Student's Name: \_\_\_\_\_

Student's ID: \_\_\_\_\_

The income you and/or your family reported on the FAFSA was unusually low. Please complete the items below to explain how the family was supported in 2016. **Please see page 2 for additional instructions for reporting resources.**

**DO NOT LEAVE THIS SECTION BLANK. If a particular source of income does not apply to you, please indicate a "N/A" for Not Applicable where a response is requested, or enter "0" in an area where an amount is requested.**

ANNUAL EXPENSES FOR 2016		ANNUAL RESOURCES FOR 2016	
Rent/Mortgage	\$	Wages	\$
Food	\$	Child Support Received Name of Adult Who Received the Support:  Name of Child(ren) for Whom Support Was Received:	\$
Utilities	\$	Housing, Food, and Other Living Allowances Paid to Members of the Military, Clergy, and others Name of Recipient:  Type of Benefit Received:	\$
Medical (out-of-pocket)	\$	Veterans Non-education Benefits Name of Recipient:  Type of Veterans Non-education Benefit:	\$
Clothing	\$	Workers' Compensation	\$
Personal	\$	Money Received or Paid on the Student's/Parent's Behalf Purpose: (e.g., Cash, Rent, Books)  Source:	\$
Tuition (Amount not paid by Financial Aid)	\$	Other Untaxed Income Name of Recipient:  Type of Other Untaxed Income:	\$
Other Expenses (Please describe)	\$	Additional Resources/Information Name of Recipient:  Type of Financial Support:	\$
<b>TOTAL EXPENSES FOR 2016</b>	<b>\$</b>	<b>TOTAL RESOURCES FOR 2016</b>	<b>\$</b>

**PLEASE NOTE: Your resources should be able to cover your total expenses.**

**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	Total Amount Paid in 2016

## Additional Instructions for Reporting Resources

If the student was required to provide parental information on the FAFSA, answer each question 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).

**2016 IRS W-2 forms:** Provide copies of all 2016 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.

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2016, multiply that amount by the number of months in 2016 you paid or received that amount. If you did not pay or receive the same amount each month in 2016, add together the amounts you paid or received each month during 2016.

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

- **Child support received**

List the actual amount of any child support received in 2016 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.

- **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.

- **Veterans non-education benefits**

List the total amount of veterans non-education benefits received in 2016. 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

- **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 benefits, 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 Payments to Tax-deferred Pension & Retirement Savings, Child Support Received, Housing, Food, and Other Living Allowances Paid to Members of the Military, Clergy, and Others, Veterans Non-education Benefits as listed above in their respective 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, 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.



- **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) not reported elsewhere on this form. Enter the total amount of cash support the student received in 2016. Include support from a parent whose information was not reported on the student’s 2018–2019 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 2018–2019 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.

- **Additional information:**

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

Comments:

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**Each person signing below certifies that all information reported is complete and correct to the best of their knowledge.**

\_\_\_\_\_  
Student’s Signature Date

\_\_\_\_\_  
Parent’s Signature Date  
(For Dependent Students only)

\_\_\_\_\_  
Parent Printed Name