



2018-2019 Financial Aid Verification of Other Untaxed Income for 2016

This form may be submitted via email, mail, fax, or in person

Office of Financial Aid
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SECTION 1: STUDENT INFORMATION

Last Name

First Name

La Verne ID or SSN

SECTION 2: VERIFICATION OF OTHER UNTAXED INCOME FOR 2016

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.

If the student was required to provide parental information on the FAFSA answer each question below 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) 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 2016, multiply that amount by the number of months in 2016 you paid or received it. If you did not pay or receive the same amount each month in 2016, add together the amounts you paid or received each month.

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

1. 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
	\$
	\$
	\$

2. 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.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Total Amount of Child Support Received in 2016
		\$
		\$
		\$
		\$



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3. 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.

Table with 3 columns: Name of Recipient, Type of Benefit Received, Amount of Benefit Received in 2016. Includes three rows with dollar signs in the amount column.

4. 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

Table with 3 columns: Name of Recipient, Type of Veterans Non-education Benefit, Amount of Benefit Received in 2016. Includes three rows with dollar signs in the amount column.

5. 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 1 - 4 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 Act (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.

Table with 3 columns: Name of Recipient, Type of Other Untaxed Income, Amount of Other Untaxed Income Received in 2016. Includes five rows with dollar signs in the amount column.



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6. 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 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.

Table with 3 columns: Purpose: e.g., Cash, Rent, Books; Amount Received in 2016; Source. Contains 6 rows with dollar signs in the second column.

SECTION 3: ADDITIONAL INFORMATION

So that we can fully understand the student’s family's financial situation, 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 veteran’s education benefits, military housing, SNAP, TANF, etc.

IF YOU NEED TO PROVIDE ADDITIONAL FINANCIAL INFORMATION, ATTACH A SEPARATE PAGE WITH THE STUDENT’S NAME AND ID NUMBER AT THE TOP.

Table with 3 columns: Name of Recipient; Type of Financial Support; Amount of Financial Support Received in 2016. Contains 4 empty rows.

SECTION 4: PRINT AND SIGN THE WORKSHEET

If dependent, at least one parent who is listed on the FAFSA must sign. By signing this worksheet, I (we) certify that all the information reported on it is complete and correct. If I (we) indicated a non-tax filer status (i.e. not required to file or will not file) I (we) certify that I (we) are not required to file a federal income tax return for the 2016 year. Per Department of Education guidelines, I (we) understand that purposely giving false or misleading information on the FAFSA or this worksheet may result in loss of aid and additional penalties including fines, imprisonment, or both.

Student’s Signature _____ Date _____

Parent’s Signature (Dependent Students Only) _____ Date _____