

2019-2020 FAFSA Verification Independent Student (and Spouse) – Untaxed Income

Student Name: _____ **Student SCC ID:** _____

We have received your 2019-2020 Free Application for Federal Student Aid (FAFSA). Your FAFSA was selected for review in a process called "Verification." As part of this process, Southeast Community College is required by federal regulation to collect information to verify the FAFSA is accurate. If any differences are found, we will make corrections electronically on your behalf and you will receive an updated Student Aid Report (SAR).

Please complete the instructions on this form and return it to the Office of Financial Aid at Southeast Community College as soon as possible. Be sure to include your name and SCC ID on all forms you submit to our office. Due to data security guidelines, all forms submitted to our office must be brought in person, faxed, or mailed through the U.S. Postal Service. We cannot accept emailed forms.

Student (and Spouse) Untaxed Income:

There were only minimal amounts of income, taxable and/or untaxed, reported on your FAFSA. Your FAFSA has been selected for verification to determine how you/your family were financially supported in 2017. Please report below any source(s) of untaxed income and the amount received by you (and, if married, your spouse) from each source during the 2017 tax year. **Enter "N/A" (Not Applicable or 0) if the type of untaxed income listed does not apply.**

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) that would not be included on your W-2s.

Total amount \$ _____

B. Child support received

List the actual amount of any child support received in 2017 for the children in your household for whom you received support. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

| Name of Parent Who Received the Support | Name of Child For Whom Support Was Received | Amount of Child Support Received in 2017 |
|---|---|--|
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| | | |

C. 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.

Total amount received by student/spouse. \$ _____

D. Veterans non-educational benefits

List the total amount of veterans' non-educational benefits received in 2017. 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, and Post-9/11 GI Bill.

Total amount received by student/spouse. \$ _____

E. 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 2017. Include support from a parent whose information was not reported on the student's 2019–2020 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 2019-2020 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.

Total Amount of Money received or paid on the student's behalf. \$ _____

F. 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 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.

Total Amount of Other Untaxed Income received by student/spouse. \$ _____

G. Additional Information:

So that we can fully understand your financial situation, please provide, below, information about any other resources, benefits, and other amounts received by you, the student, and spouse as applicable. 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 untaxed Social Security, federal veterans education benefits, military housing, SNAP, TANF, etc.

| Name of Recipient | Type of Financial Support | Amount of Financial Support Received in 2017 |
|-------------------|---------------------------|--|
| | | |
| | | |
| | | |

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

Please provide an explanation of any support received and not listed in any of the prior sections, including non-monetary assistance:

Please indicate below if there was income earned from the following sources:

| Income from W-2's | Yes/No | |
|--|-------------------------------|----|
| | If Yes, submit all 2017 W-2's | |
| Business Income (Line 12 Schedule C of 1040) | Yes | No |
| Farm Income (Line 18 Schedule F of 1040) | Yes | No |
| Income from a Partnership (Box 14 [Code A] of Schedule K-1) | Yes | No |

By signing this form, I acknowledge the following:

I certify all of the information reported to qualify for Federal/State student aid is complete and correct. If asked by an authorized official, I agree to provide proof of the information I have given on the form. *Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.*

Signature is required of the student whose information has been reported on this form.

Student Signature _____ Date _____