

2021-2022 FAFSA Verification

Parent of Dependent Student – Untaxed Income

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

We have received your student's 2021-2022 Free Application for Federal Student Aid (FAFSA). Your student's 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 student's name and SCC ID on all forms you submit to our office. Due to data security guidelines, all forms must be submitted to our office using one of the following methods: in person, faxed, mailed through U.S. Postal Service, or electronically using our secure drop box at <https://uploads.southeast.edu/financialaid>. **We cannot accept emailed forms.**

Parent Untaxed Income:

Parent Income and Tax Information applies to married, biological, adoptive and step-parents.

There were only minimal amounts of income, taxable and/or untaxed, reported on your student's FAFSA. Your student's FAFSA has been selected for verification to determine how your family was financially supported in 2019. Please report below any source(s) of untaxed income and the amount received by you from each source during the 2019 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 2019 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 2019

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 parent(s). \$ _____

D. Veterans non-educational benefits

List the total amount of veterans' non-educational benefits received in 2019. 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.

Total amount received by parent(s). \$ _____

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 Schedule 1-Line 12, 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 parent(s). \$ _____

F. 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 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 veteran's education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2019

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 Employment	If Yes, submit listed forms	
Business Income (Schedule 1-Line 3 of 1040)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Farm Income (Schedule 1-Line 6 of 1040)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Income from a Partnership (Box 14 [Code A] of Schedule K-1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

By signing this form, I acknowledge the following:

I/we certify that 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.*

A Signature is required of at least one parent/stepparent whose information has been reported on this form.

ELECTRONIC SIGNATURES CANNOT BE ACCEPTED ON THIS FORM.

Parent Signature: _____ Date: _____

E-signatures will NOT be accepted