



2018-19 Untaxed Income Verification

Financial Aid Office • 651 E. Jefferson Ave. • Detroit, MI 48226
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Student Name: _____ ID: _____

Please complete the following form regarding Untaxed Income received in the 2016 tax year. If any item does not apply to you please list "N/A" for Not Applicable. This form must be completed entirely.

Dependent Students: Answer each question for you, your parents and anyone in your parents household.

A. Payments to tax-deferred pension and retirement savings:

List any payments (direct or withheld from earnings) to tax-deferred pensions and retirement savings plans (ex. 401(k) or 403(b) plans. This should include amounts reported on W-2 forms in boxes 12a to 12d with codes D, E, F, G, H and S.

Name of Person who Made Payment	Total Amount Paid in 2015

B. Child Support Received

List the actual amount received in 2016 from child support for children in your household. If you are dependent this includes anyone receiving child support in your **parent's** household.

Do not include: foster care payments, adoption payments or any amount that was court ordered but NOT paid.

Name of Child that Support was for	Name of Adult who Received Support	Amount Received in 2015

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 all benefits received.

Do not include: the value of on-base military housing or the value of basic military allowance for housing.

Name of Recipient	Type of Benefit	Amount Received in 2015

D. Veteran's non-education benefits

List the total amount of veteran's 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 veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-Education Benefit	Amount Received in 2015

ID: _____

E. Other untaxed income

List the amount of other untaxed income not reported 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: 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 (ex., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	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 (ex. 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.

Purpose: (Cash, Rent, Books etc.)	Source	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 veteran's education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Amount Received in 2015

Comments:

Sign this Worksheet

I attest that all of the information provided on this form is correct.

Student Signature: _____

Date: _____

Parent Signature:
(dependent students only)

Date:
