

# 2019-2020 Other Untaxed Income Verification Worksheet

Your FAFSA was selected for a review process called “verification”. The Department of Education randomly selects the FAFSA’s chosen for verification; they are not selected by Trine University. Because Trine University administers federal financial aid programs we are required to request, collect, and verify information submitted through the FAFSA and adjust or cancel aid accordingly. It is the student’s responsibility to comply in a timely manner with all requests for documentation. Trine does not take responsibility for changes made to financial aid when paperwork is submitted late. For an accurate bill it is best to submit the requested paperwork as soon as you are able to. Every time you submit a FAFSA you have a chance of being selected for verification.

## DIRECTIONS

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 2017, multiply that amount by the number of months in 2017 you paid or received it. If you did not pay or receive the same amount each month in 2017, 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.

## STEP 1 – STUDENT INFORMATION

|   |   |  |                            |
|---|---|--|----------------------------|
| <hr/> <i>Student Last Name</i>              | <hr/> <i>Student First Name</i>                       | <hr/> XXX-XX-<br><i>Social Security Number</i> | <hr/> <i>Student ID</i>    |
| <hr/> <i>Permanent Home Address</i>         |   | <hr/> <i>City/State/Zip</i>                    | <hr/> <i>Date of Birth</i> |
| <hr/> <i>Cell Phone (Include Area Code)</i> | <hr/> <i>Permanent Home Phone (Include Area Code)</i> | <hr/> <i>Email Address</i>                     |                            |

## STEP 2 – 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 2017 |
|--|---------------------------|
|  |                           |
|  |                           |
|  |                           |
|  |                           |
| <b>Total Payments to Tax Deferred Pension and Retirement Savings</b> | <b>\$</b>                 |

**STEP 3 – CHILD SUPPORT RECEIVED**

List the actual amount of any child support received in 2017 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 | Amount of Child Support Received in 2017 |
|--|---|--|
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| Total Amount of Child Support Received |   | \$                                       |

**STEP 4 – HOUSING, FOOD, AND OTHER LIVING ALLOWANCES PAID TO MEMBERS FOR 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.

| Name of Recipient                 | Type of Benefit Received | Amount of Benefit Received in 2017 |
|-----------------------------------|--------------------------|------------------------------------|
|                                   |                          |                                    |
|                                   |                          |                                    |
|                                   |                          |                                    |
|                                   |                          |                                    |
|                                   |                          |                                    |
| Total Amount of Benefits Received |                          | \$                                 |

**STEP 5 – VETERANS NON-EDUCATION BENEFITS**

List the total amount of veterans non-education 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, Post 9/11 GI Bill

| Name of Recipient                 | Type of Veterans Non-Education Benefit | Amount of Benefit Received in 2017 |
|-----------------------------------|--|------------------------------------|
|                                   |  |                                    |
|                                   |  |                                    |
|                                   |  |                                    |
|                                   |  |                                    |
|                                   |  |                                    |
| Total Amount of Benefits Received |  | \$                                 |

**STEP 6 – OTHER UNTAXED INCOME**

List the amount of other untaxed income not reported 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 in steps 2-5 above. In addition, do not include student aid, extended foster care benefits, 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 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.

| Name of Recipient                    | Type of Other Untaxed Income | Amount of Other Untaxed Income Received in 2017 |
|--------------------------------------|------------------------------|---|
|                                      |                              |   |
|                                      |                              |   |
|                                      |                              |   |
|                                      |                              |   |
|                                      |                              |   |
|                                      |                              |   |
| Total Amount of Other Untaxed Income |                              | \$  |

**STEP 7 – 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.

| Purpose: e.g., Cash, Rent, Books | Amount Received in 2017 | Source |
|----------------------------------|-------------------------|--------|
|                                  |                         |        |
|                                  |                         |        |
|                                  |                         |        |
|                                  |                         |        |
|                                  |                         |        |
|                                  |                         |        |
| Total Amount Received            |                         | \$     |

**STEP 8 – 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 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.

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

Comments:

**STEP 9 – CERTIFICATION AND SIGNATURE**

Each person signing this form certifies that all the information reported on it is complete and correct.

**WARNING:** If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.

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*Student Signature* *Date* *Student Name*

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*Parent Signature (IF student is dependent)* *Date* *Parent Name*  
*Spouse Signature (IF student is married)*  *Spouse Name (IF student is married)*

**Questions?**

|  |   |   |
|--|---|---|
| Trine University<br>Financial Aid Office<br>1 University Ave<br>Angola, IN 46703 | <b>Main Campus</b><br>800-347-4878 option 3<br>260-665-4511 fax<br><a href="mailto:finaid@trine.edu">finaid@trine.edu</a> | <b>CGPS</b><br>877-294-4878<br>260-665-4511 fax<br><a href="mailto:cgpsfinaid@trine.edu">cgpsfinaid@trine.edu</a> |
|--|---|---|