2025-26 Dependent Other Untaxed Income Verification

Student Name: _____ Student ID: _____
(Last, First, MI)

Completing this Form:

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form.

- Please complete all sections as completely and accurately as possible.
- We cannot process your financial aid until this Low Income document is completed and returned to us. If needed we will update your FAFSA based on the information provided.
- All required documents must be submitted at least two weeks before the end of the term to be processed.

- Tax filers and non-tax filer must complete this section.
- Enter ONLY ANNUAL AMOUNTS received during the calendar year from January 1, 2023 to December 31, 2023.
- You must enter an amount or check the 'NA' box for both student and spouse for each line.

Leaving any line blank will delay processing of this form	**Student**		**Spouse**	
Payments to Tax-Deferred Pension and savings plans, including but not limited to, amounts reported on the W-2 boxes 12a through 12d, codes D, E, F, G, H and S (Submit W-2's)	NA	$_____	NA	$_____
Child Support Received for all children. Do not include foster care or adoption payments.	NA	$_____	NA	$_____
Living Allowance including housing, food and other living allowances for military, clergy and others (including cash payments and cash value of benefits). DO NOT include the value of on- base military housing or basic military allowance for housing.	NA	$_____	NA	$_____
Veteran's Non-Educational Benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	NA	$_____	NA	$_____
Other Untaxed Income not reported such as worker's compensation, disability, etc. Also, include the untaxed portions of health savings accounts from IRS 1040 line 25. DO NOT include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act 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. List Source : _____	NA	$_____	NA	$_____
Money Received or paid on your behalf (e.g. bills) not reported elsewhere on this form. List Source: _____	NA	$_____	NA	$_____

I certify that all information contained on this form is true and accurate. Electronic Signatures are not accepted.

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Office of Financial Aid
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