

Student Last Name	First Name	M.I.	Student SSN#
If any item does not apply area where an amount is re	y , enter "N/A" for Not Applica equested.	able where a <u>response</u> is	requested, or enter 0 in an
	to provide parental informat the student's parent(s) whos		
	ired to provide parental infor the student's spouse, if mar		swer each question below as it s on the FAFSA.
	vide copies of all 2015 IRS Workers or to the independen		
every month in 2015, multi		er of months in 2015 you	d the same dollar amount paid or received it. If you did ints you paid or received each
If more space is needed, p	rovide a separate page with	the student's name and II	D number at the top.
List any payments (dire	plans), including, but not limit	to tax-deferred pension a	and retirement savings plans on W-2 forms in Boxes 12a
Name of Person WI	no Made the Payment	Total Amo	unt Paid in 2015
B. Child Support Receive	νd		
• • •	of any child support received	in 2015 for the children in	your household.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2015

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

actually paid.

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.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015

D. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015. 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: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits.

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

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 Line 25, Railroad Retirement Benefits, Etc.

Do not include any items reported or excluded in A – D above. In addition, do not include extended foster care benefits, student aid, 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 a 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 2015



F. 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 2015. Include support from a parent whose information <u>was not</u> reported on the student's 2016–2017 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 2016–2017 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan <u>owned by someone other than the student of the student's parents</u>, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2015	Source

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 2015
Comments:		
Comments.		
CERTIFICATION AND SIGNATURE		
The person signing below certifies that all of information reported is complete and correct		you purposely give false or rmation you may be fined, be l, or both.