

## 2018-2019 Untaxed Income, In-Kind Support & Additional Financial Information Verification

Please complete form in blue or black ink. Incomplete forms will not be accepted.

<b>Student Name</b>	<b>ID #</b>
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**PARENT'S NAME** (for dependent students under the age of 24): \_\_\_\_\_

To better understand your family's financial situation, please complete all sections of this form **using amounts from the 2016 calendar year**. If any item does not apply, enter "N/A" for Not Applicable, or enter "0" where an amount is being requested.

### Section I: 2016 Untaxed Income *Please do not leave any items blank.*

STUDENT and/or Spouse		PARENT(s) dependent student
\$	<b>CHECK ONE:</b> ( ) "Untaxed" Social Security benefits, ( ) SS disability, ( ) SSI.	\$
\$	<b>Payments to tax-deferred pension and retirement savings plans.</b> <i>(See W2 box 12a through 12d with codes D, E, F, G, H and S.)</i>	\$
\$	<b>IRA deductions/payments</b> made to SEP, SIMPLE, or Keogh plans.	\$
\$	<b>Tax exempt interest income</b> from IRS Form 1040.	\$
\$	<b>Untaxed portions of pensions or IRA distributions received.</b>	\$
\$	<b>Tribal or other educational allowance.</b>	\$
\$	<b>Veteran's <u>Non-Educational</u> Benefits.</b> <i>(ex. Disability, Death Pension, DIC, and VA Educational Work-Study allowances)</i>	\$
\$	<b>Housing/food/other living allowances</b> paid to members of the Military, clergy, and others. <b>Source of funds:</b> _____	\$
\$	<b>Child Support received for 2016.</b> Payer: _____	\$
\$	<b>Other untaxed income not reported elsewhere.</b> <i>(ex. Workers' compensation, disability, etc.)</i> <b>Source of funds:</b> _____	\$
\$	<b>Money received or paid on your behalf not reported elsewhere.</b>	\$

### Section II: In-Kind Support

In 2016, did you and/or your family live with someone who provided you with room and board or paid your expenses for room and board (i.e., mortgage payment, rent, utilities)? \_\_\_ No \_\_\_ Yes

If Yes, please list the name of the provider and your relationship: \_\_\_\_\_

If Yes, did this provider continue to provide support to you and/or your family in 2017? \_\_\_ No \_\_\_ Yes

Did you include an amount on your FAFSA for "in-kind" support for 2016? \_\_\_ No \_\_\_ Yes, \$ \_\_\_\_\_

**"In-kind" support is non-monetary support such as free housing or groceries received from someone else.**

### Section III: Additional Financial Information

In 2016, did you and/or your parent **provide child support** to someone living outside your home? \_\_\_ No \_\_\_ Yes

If Yes, please list the name of the child and your relationship: \_\_\_\_\_

In 2016, did you (the student) earn funds from a campus Federal Work Study Program? \_\_\_ No \_\_\_ Yes, \$ \_\_\_\_\_

On your 2016 Federal Income Tax form, did you report taxable college grants or scholarship to the IRS? \_\_\_ No \_\_\_ Yes, \$ \_\_\_\_\_ was reported to the IRS as funds received for college beyond cost of tuition in 2016.

**By signing this form, you are certifying that all of the information reported is complete and correct.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Internal use ONLY</b> Reviewed: _____ Scanned: _____ UNTAX-V16
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<b>WARNING:</b> If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
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<b>RETURN FORM TO:</b> Lake Superior State University Financial Aid Office 650 West Easterday Avenue Sault Ste. Marie, MI 49783-1699 Phone: 906-635-2678 Fax: 906-635-6669 <a href="mailto:finaid@lssu.edu">finaid@lssu.edu</a>
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