

## 2022-2023 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 2020 calendar year**. If any item does not apply, enter "N/A" for Not Applicable, or enter "0" where an amount is being requested.  
**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 2020.</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>	\$

Basic Living Expenses	Actual Expenses 2020	*Source of Funds or Provider of Support
<b>Housing Expenses</b> <i>(rent, mortgage payments, utilities):</i> Monthly Rate \$ ___ x12		
<b>Food:</b> Estimate Weekly Rate \$ ___ x 52		
<b>Transportation</b> <i>(gas, repairs, car payment, insurance)</i>		
<b>Medical and Dental Expense</b> <i>(Indicate whether you used parent's insurance, uninsured, or Medicaid)</i>		
<b>Daycare for:</b> _____		
<b>Other Expenses:</b> _____		

*\*Please list the sources that pay each expense. Include income you received that you were not required to report on the FAFSA, such as **untaxed Social Security, SSI, Welfare Benefits, WIC, TANF, SNAP (Bridge Card), etc.***

**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: \_\_\_\_\_

**RETURN FORM TO:**  
 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 [finaid@lssu.edu](mailto:finaid@lssu.edu)

Internal use **ONLY**  
 Reviewed: \_\_\_\_\_  
 Scanned: \_\_\_\_\_  
 UNTAX-V16

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