

2023-2024 Untaxed Income, In-Kind Support & Additional Financial Information Verification

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

Student Name _____	ID # _____
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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 2021 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
\$	CHECK ONE: () "Untaxed" Social Security benefits, () SS disability, () SSI.	\$
\$	Payments to tax-deferred pension and retirement savings plans. <i>(See W2 box 12a through 12d with codes D, E, F, G, H and S.)</i>	\$
\$	IRA deductions/payments made to SEP, SIMPLE, or Keogh plans.	\$
\$	Tax exempt interest income from IRS Form 1040.	\$
\$	Untaxed portions of pensions or IRA distributions received.	\$
\$	Tribal or other educational allowance.	\$
\$	Veteran's <u>Non-Educational</u> Benefits. <i>(ex. Disability, Death Pension, DIC, and VA Educational Work-Study allowances)</i>	\$
\$	Housing/food/other living allowances paid to members of the Military, clergy, and others. Source of funds: _____	\$
\$	Child Support received for 2021. Payer: _____	\$
\$	Other untaxed income not reported elsewhere. <i>(ex. Workers' compensation, disability, etc.)</i> Source of funds: _____	\$
\$	Money received or paid on your behalf not reported elsewhere.	\$

Basic Living Expenses	Actual Expenses 2021	*Source of Funds or Provider of Support
Housing Expenses <i>(rent, mortgage payments, utilities):</i> Monthly Rate \$ ___ x12		
Food: Estimate Weekly Rate \$ ___ x 52		
Transportation <i>(gas, repairs, car payment, insurance)</i>		
Medical and Dental Expense <i>(Indicate whether you used parent's insurance, uninsured, or Medicaid)</i>		
Daycare for: _____		
Other Expenses: _____		

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

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.