



Date: _____
Last Name: _____
Phone Number: _____

Student ID: _____
First Name: _____
Email Address: _____

Instructions: In reviewing your verification worksheet, we have identified some information that needs clarification. Please provide the following information concerning Untaxed Income for the calendar year 2016. Once completed and signed, please return this form to the Solution Center via mail, fax, or e-mail. Please note that e-mailed forms must be signed and scanned.

Dependent students: Please complete the left column and have your parent(s) complete the right column.

Independent students: Please complete the left column and have your spouse (if applicable) complete the right column. *Independent students **do not** need to include parents' information.*

NOTE: If an answer to any of the following sources of untaxed income does not apply, write a zero "0" dollar value. Do not leave any sources blank. This form will be incomplete if any items are blank.

UNTAXED INCOME SOURCES:	Student	Parent(s) (Student Spouse)
Child Support RECEIVED for any of your (or your parents) children in 2016. <i>Do not include payments for foster children care.</i>	\$	\$
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value benefits).	\$	\$
Money received or any bills in your name <i>paid by someone else</i> in 2016.	\$	\$
Veteran's Non-education Benefits, such as disability, death pension, DIC.	\$	\$
Workman's Compensation, Disability, etc.	\$	\$
Other untaxed income (specify source): _____	\$	\$

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

Student Signature

Date

Parent Signature (*Required for Dependent Students*)

Date