



**FINANCIAL AID OFFICE
2018-19 Verification
Other Untaxed Income**

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal guidelines dictate that, before awarding federal student aid, we may ask you to confirm the information reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA may be corrected. The student and the parent whose information was reported on the FAFSA (if dependent) must complete and sign this form, attach any required documents, and submit the information to the Financial Aid Office (FAO). **If you have questions, please contact the FAO promptly to avoid delays in the processing of your financial aid.**

Last Name	First Name	M.I.	HCC ID # or SSN (last 4 digits)
Street Address (include apt. no.)			Date of Birth
City	State	Zip Code	Email Address
Home Phone Number (include area code)			Alternate or Cell Phone Number

DEPENDENT STUDENT - Answer each question as it applies to the student and the student’s parent(s) whose information is on the FAFSA.

INDEPENDENT STUDENT - Answer each question as it applies to the student and the student’s spouse (if married) whose information is on the FAFSA.

1. Attach copies of all 2016 IRS W-2 forms issued by the employers to the dependent student and the student’s parents or to the independent student and spouse, if student is married. List the people for whom W-2 forms have been attached, including student: _____

NOTE WHEN COMPLETING ITEMS #2 - #8:

TO DETERMINE THE CORRECT ANNUAL AMOUNT FOR EACH ITEM: *If you paid or received the same dollar amount every month in 2016, multiply that amount by the number of months in 2016 you paid or received it. If you did not pay or receive the same amount each month in 2016, add together the amounts you paid or received each month.*

IF ANY ITEM DOES NOT APPLY, *enter “N/A” for Not Applicable where a response is requested, or enter “0” where an amount is requested.*

If more space is needed, attach a separate page with student’s name and HCC ID number at the top.

2. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans, e.g., 401(k) or 403(b) plans, including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Annual Amount Paid in 2015
<i>Total Payments to Tax-Deferred Pension and Retirement Savings</i>	\$

3. Child support received

List the actual amount of any child support received in 2017 for the children in your household.

**Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.*

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2015
<i>Total Amount of Child Support Received</i>		\$

4. 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 a basic military housing allowance.*

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015
<i>Total Amount of Benefits Received</i>		\$

5. Veterans' non-education benefits

List the total amount of veterans' non-education benefits received in 2017. 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, and VEAP Benefits.*

Name of Recipient	Type of Veterans' Non-education Benefit	Amount of Benefit Received in 2015
<i>Total Amount of Benefits Received</i>		\$

6. 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 #2-5 above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIOA) educational benefits, 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
<i>Total Amount of Other Untaxed Income</i>		\$

Print Student's Name _____

HCC ID # or SSN (last 4 digits) _____



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7. 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 2017. Include support from a parent whose information was not reported on the student's 2018-2019 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 2018-2019 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Source	Amount Received in 2015
<i>Total Amount Received</i>		\$

8. Additional information:

Please provide 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 FAO, and include such things as federal veterans' education benefits, military housing, TANF, etc.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015
<i>Total Amount of Financial Support Received</i>		\$

Comments: _____

9. CERTIFICATION & SIGNATURES:

If student is classified as dependent, the student and parent whose information was reported on the FAFSA must sign and date.

Each person signing below certifies that all of the information reported is complete and correct.

 Print Student Name

 HCC ID # or SSN (last 4 digits)

 Student Signature

 Date

 Parent Signature (if dependent)

 Date

WARNING! If you purposely give false or misleading information, you may be fined, imprisoned, or both.
Note: Please allow four weeks for processing.