

## 2020-2021 Other Untaxed Income Verification Form

On the Free Application for Federal Student Aid (FAFSA), you indicated that you or a member of your household had untaxed income during 2018. Your FAFSA has been selected for verification; therefore the Office of Financial Aid must obtain certification regarding the untaxed income.

**1. 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	Total Amount Paid in 2018
	\$
	\$
	\$

**2. Child support received**

List the actual amount of any child support received in 2018 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 the Child for Whom Support was Received	Amount of Child Support Received in 2018
		\$
		\$
		\$
		\$

**3. 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 non-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2018
		\$
		\$
		\$

**4. Veteran non-education benefits**

List the total amount of veterans non-education benefits received in 2018. Include Disability, Death Pension, Dependency, and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do **not** include federal veteran educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-Education Benefit	Amount of Benefit Received in 2018
		\$
		\$
		\$

**5. 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 1-4 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 (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2018
		\$
		\$
		\$

**6. 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 bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2018. Include support from a parent whose information was not reported on the student's 2020-2021 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 2020-2021 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 2018
		\$
		\$
		\$

By signing this form, I (we) certify that all the information reported on it is complete and correct. If dependent, at least one parent must sign. If independent, spouse's signature is optional. **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.**

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

\_\_\_\_\_  
 Student Signature      Siena Identification #      Date

\_\_\_\_\_  
 Parent Signature      Date

*\*This form may be faxed to (518) 783-2410 or emailed to aid@siena.edu.*