



2015-2016 Verification of Untaxed Income

Dependent students please complete the left column and have your parent(s) complete the right column. **Independent students** please complete the left column. Enter the combined amounts for you and your spouse (if applicable). Independent students do not need to include parents' information.

NOTE: Do not leave questions blank. Enter "0" where appropriate.

Student/ Spouse	Calendar Year 2014	Parent(s)
\$	Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in boxes 12a through 12d, codes D,E,F,G,H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	\$
\$	Child support received for any of your (or your parents') children. Don't include foster care or adoption payments.	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS form 1040-line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Money received, or paid on your behalf (e.g., bills), not reported on the 2015-2016 FAFSA. This includes money that you received from a parent whose financial information is not reported on the 2015-2016 FAFSA and that is not part of a legal child support agreement. Also includes distributions to you (the student beneficiary) from a 529 plan that is owned by someone other than you or your parents (such as grandparents, aunts, and uncles).	\$ XXXXXX

I/We certify that the above information about untaxed income is complete and correct. I/We understand that the information on this form may require further follow up from the Financial Aid Office. By signing this form, I/we certify that all of the information reported to qualify for Federal Student Aid is complete and correct. If I receive financial aid based on false or misleading information, I will be required to return the funds.

STUDENT NAME: _____

NCC ID: _____

STUDENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

DATE: _____

(If Dependent student)

Please return this completed form to the NCC Financial Aid Office.