

2018-2019 PARENT Verification of Untaxed Income

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called **verification**. To verify that you provided correct information, the AU Financial Aid Office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the AU Financial Aid Office. A counselor will contact you if any additional information is needed. Verification cannot be completed until all required documentation has been received by the AU Financial Aid Office.

 Student's Printed Name

 AU ID#

Complete all sections of this form. Answer each question below as it applies to the STUDENT'S PARENTS whose information is on the FAFSA. If more space is needed, provide a separate page with the student's name and ID# at the top. If any item does not apply, enter 'N/A' for Not Applicable where a response is requested or enter a '0' in an area where an amount is requested. Provide information for both the student and the parent(s) listed on the FAFSA.

2016 IRS W-2 forms: Provide copies of all 2016 IRS W-2 forms issued by the employers to the student's parent(s) whose information is on the FAFSA.

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 paid or received each month.

A. 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 2016

B. Child Support Received

List the actual amount of any child support **received** in 2016 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 2016

C. Housing food, and other living allowances paid to members of the military, clergy, and others.

Include cash payments and/or cash value of benefits received. Do not include the value of on-base military housing or the value of the basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2016

D. Veterans non-educational benefits

List the total amount of Veterans non-educational benefits received in 2016. 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 the Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, or VEAP Benefits.



Veterans non-educational benefits (cont)

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2016

E. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as worker’s 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 in sections A-D above. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, welfare payments/Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) 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.

Name of Recipient	Type of Untaxed Income Received	Amount of Untaxed Income Received in 2016

F. 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 2016. 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 other than the parent(s) listed on the FAFSA is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person’s contributions. 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, or uncles of the student.

Purpose: e.g., Cash, Rent, Books	Source	Amount Received in 2016

G. Additional information

So that we can fully understand the student’s family’s financial situation, please provide below 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 financial aid office, and include such things as federal veterans educational benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Amount of Support Received in 2016

Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

The student and one parent whose information was reported the FAFSA must sign and date.

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

Student’s Signature (Required) Date _____

Parent’s Signature (Required) Date _____

**Do not mail this worksheet to the U.S. Department of Education.
Submit this worksheet to the AU Financial Aid Office via fax at 202-885-6064 or to the address below.
You should make a copy of this worksheet for your records.**