



# 2016-17 Untaxed Income Verification Form

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

MI

\_\_\_\_\_

Student ID

## Verification of untaxed income received in 2015

\* If you were required to provide parental information on the FAFSA answer each question below as it applies to you and your parent(s) whose information is on the FAFSA.

\* If you were not required to provide parental information on the FAFSA, answer each question below as it applies to you (and your spouse, if married)

|   | Student/Spouse | Parents |
|---|----------------|---------|
| 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 towards employee health benefits)  |                |         |
| Child support received for any of your children. <b>Do not include</b> 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.  |                |         |
| Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.  |                |         |
| Other untaxed income not reported in items 45a through 45h, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS form 1040- line 25. <b>Don't include</b> 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 elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement   |                |         |

**By signing this worksheet, I/we certify that all information reported on it is complete and correct.**

\_\_\_\_\_

*Student Signature*

\_\_\_\_\_

Date

\_\_\_\_\_

*Parent Signature*

\_\_\_\_\_

Date

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

All applications for financial assistance programs (i.e., student loans, work compensations, grants, scholarship, special funds, subsidies, prizes, etc.), will be considered by the Palo Verde Community College District without regard to ethnic group identification, national origin, religion, age, gender, gender identity, gender expression, race, color, ancestry, genetic information, sexual orientation, physical or mental disability, or any characteristics listed or defined in section 11135 of the Government Code or any characteristic that is contained in the prohibition of hate crimes set forth in subdivision (1) of section 442.6 of the California Penal Code, or any other status protected by law. Alternate formats for this material are available to individuals requiring disability accommodation. Please contact the office of Diversity, Equity and Compliance at (951)222-8039

Todas las solicitudes para programas de asistencia financiera (por ejemplo, préstamos estudiantiles, compensación de trabajo, subvenciones, becas, fondos especiales, premios, etc.), serán considerados por el Distrito de Palo Verde Community College independientemente de identificación étnica, origen nacional, religión, edad, género, identidad de género, expresión de género, raza, color, ascendencia, información genética, orientación sexual, discapacidad física o mental, o cualquier característica listadas o definidas en la Sección 11135 del Código de Gobierno o cualquier característica que se encuentra en la prohibición de los crímenes de odio establecidos en la subdivisión (1) de la Sección 442.6 del Código Penal de California, o cualquier otra condición protegida por la ley. Formatos alternos para este material están disponibles para personas que requieren alojamiento de discapacidad. Por favor comuníquese con la oficina de Diversidad, Equidad y Respeto al (951) 222-8039