

**UNTAXED INCOME VERIFICATION**

**Student's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2019, multiply that amount by the number of months in 2019 you paid or received it. If you did not pay or receive the same amount each month in 2019, add together the amounts you paid or received each month. If more space is needed, provide a separate page with the student's name and ID number at the top.

**A. Payments to tax-deferred pension and retirement savings plans**

**YES**  **NO** Did you, your spouse (if married), or your parents (if dependent) make any payments to a tax deferred pension or retirement savings account in 2019?

List any payments (paid directly 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 2019 |
|-------------------------------------|---------------------------|
|                                     |                           |
|                                     |                           |
|                                     |                           |

**B. Child support received**

**YES**  **NO** Did you, your spouse (if married), or parents (if dependent) **receive** any child support for anyone in your household in 2019?

List the actual amount of any child support received in 2019 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 2019 |
|--|---|--|
|  |   |  |
|  |   |  |
|  |   |  |

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

**YES**  **NO** Did you, your spouse (if married), or parents (if dependent) receive housing, food or other living expenses paid to members of the military, clergy or others in 2019?

Include cash payments and/or the cash value of benefits received. **Do not include** the value of on-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 2019 |
|-------------------|--------------------------|------------------------------------|
|                   |                          |                                    |
|                   |                          |                                    |
|                   |                          |                                    |

**D. Veterans non-education benefits**

**YES**  **NO** Did you, your spouse (if married), or parents (if dependent) receive any veterans non-educational benefits in 2019?

List the total amount of veterans non-education benefits received in 2019. 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: 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 2019 |
|-------------------|--|------------------------------------|
|                   |  |                                    |
|                   |  |                                    |
|                   |  |                                    |

Enter your JCC ID: J00\_\_\_\_\_

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### E. Other untaxed income

**For yourself, your spouse (if married), or your parents (if dependent):** 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 A – D 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 federal tax on special fuels.

| Name of recipient | Type of other untaxed income | Amount of other untaxed income received in 2019 |
|-------------------|------------------------------|---|
|                   |                              |   |
|                   |                              |   |
|                   |                              |   |

### F. Money received or paid on the student's behalf

YES  NO Did you (the student) have any bills paid on your behalf in 2019?

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 2019. Include support from a parent whose information was not reported on the student's 2021-22 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 2021-22 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 2019 |
|----------------------------------|--------|-------------------------|
|                                  |        |                         |
|                                  |        |                         |
|                                  |        |                         |

### 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. **List such things as social security benefits, federal veterans education benefits, SNAP, TANF (Temporary Assistance for Needy Families,) etc.**

| Name of recipient | Type of financial support | Amount received in 2019 |
|-------------------|---------------------------|-------------------------|
|                   |                           |                         |
|                   |                           |                         |
|                   |                           |                         |
|                   |                           |                         |

### H. Certification

*I certify that all information provided in this document is true, complete and accurate. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail or both.*

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Parent signature required if student is dependent for federal student aid purposes.)*

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| <b>JCC Financial Aid Office   PO Box 20   Jamestown, NY 14702-0020</b><br>Jamestown 716.338.1009   1.800.388.8557 ext. 1009   Olean 716.376.7512   1.800.388.8557 ext. 7512   FAX 716.338.1459 |
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