2016-2017 Untaxed Income for Dependent Students

Complete this form based on information as of the date you originally signed the Free Application for Federal Student Aid (FAFSA).

Complete all sections. All fields must have a value. Write “0” or “N/A” if none.

SECTION A

<table>
<thead>
<tr>
<th>PARENT(S)/STEPPARENT</th>
<th>STUDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_____________</td>
<td>$_______</td>
</tr>
<tr>
<td>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)</td>
<td>$_______</td>
</tr>
</tbody>
</table>

| $_____________        | $____ N/A   |
| Name(s) of child(ren) for whom child support was **received**: | |
| _____________________ |           |

| $_____________        | $____ N/A   |
| Name(s) of child(ren) for whom child support was **paid**: | |
| _____________________ |           |

$_____________        $__________
Housing, food, and other living allowances paid to member of the military, clergy, and others.

$_____________
Veterans non-education benefits

$_____________
Other untaxed income
This includes workers’ compensation, disability, untaxed portions of health savings accounts, etc.

Source: ___________________

Source: ___________________
SECTION B

Provide information from your parent(s)/stepparent regarding all untaxed income received in 2015 to pay bills in the family’s name. Values should be reported as annual figures and cover the January 2015 – December 2015 time period.

Please list all annual expenses for 2015:

- **Rent/Mortgage:** $__________
- **Car Payment:** $__________
- **Food:** $__________
- **Personal/Miscellaneous:** $__________
- **Utilities:** $__________
- **Other (i.e. credit card, health insurance, etc.):** $__________

**TOTAL FAMILY EXPENSES FOR 2015:** $__________

Name of person(s) providing funding to family for 2015 expenses: ____________________________

Additional comments…

All information provided on this form is complete and correct and every field has a value (write in “0” if none).

Parent Signature ____________________________ Date ______________

Stepparent Signature (if applicable) ____________________________ Date ______________

Student Signature ____________________________ Date ______________

2016-2017 DVEROD