

## 2016-2017 Untaxed Income for Independent Students

\_\_\_\_\_  
 Student Name (Please print)

\_\_\_\_\_  
 CSUID

- ✓ 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

STUDENT		SPOUSE
\$ _____	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)	\$ _____
\$ _____  Name(s) of child(ren) for whom child support was <b>received</b> : _____	Child support <b>received</b> for any of your children. Don't include foster care or adoption payments.	\$ _____  Name(s) of child(ren) for whom child support was <b>received</b> : _____
\$ _____  Name(s) of child(ren) for whom child support was <b>paid</b> : _____	Child support <b>paid</b> because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household.	\$ _____  Name(s) of child(ren) for whom child support was <b>paid</b> : _____
\$ _____	<b>Housing, food, and other living allowances paid to member of the military, clergy, and others.</b>	\$ _____
\$ _____	<b>Veterans non-education benefits</b>	\$ _____
\$ _____  Source: _____	<b>Other untaxed income</b>  This includes workers' compensation, disability, untaxed portions of health savings accounts, etc.	\$ _____  Source: _____

\$ _____  Name of person or source providing funds: _____  Relationship to parent(s): _____	<b>Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.</b>  This includes money that you received from anyone not reported on the FAFSA, such as grandparents, aunts/uncles, <b>or the parent not listed on the FAFSA</b>	\$ _____  Name of person or source providing funds: _____  Relationship to student: _____
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**SECTION B**

Provide a statement listing all untaxed income received in 2015 to pay bills in you and your spouse (if married) 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).

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_