

2016-2017 HOUSEHOLD RESOURCES VERIFICATION



TOCCOA FALLS
COLLEGE

Federal Student Aid Programs

Untaxed Income Attestation

STUDENT'S NAME _____ ID Number _____

If the student **was** required to provide parental information on the FAFSA answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student **was not** required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

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 2015
	\$
	\$
	\$

B. Child support received

List the actual amount of any child support received in 2015 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 2015
		\$
		\$
		\$
		\$

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

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 2015
		\$
		\$
		\$

D. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015. 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 2015
		\$
		\$
		\$

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 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 2015
		\$
		\$
		\$

F. Total Untaxed Income

Please add all amounts entered in tables A through E together in order to provide a summed total of untaxed income received.

Table	Sum of Amounts Entered in Table
A. Payments to tax-deferred pension and retirement savings	\$
B. Child support received	\$
C. Housing, food, and other living allowances paid to members of the military, clergy, and others	\$
D. Veterans non-education benefits	\$
E. Other untaxed income	\$
TOTAL	\$

I _____, a student of Toccoa Falls College, certify that the above sources of untaxed income and their respective amounts are accurate as far as I am able to determine.

Student's Signature: _____ Date: _____

Parent or Spouse's Signature: _____ Date: _____