



2017-2018 Untaxed Income Clarification

Student's Name: _____ NU ID: _____

Instructions: In reviewing your application(s) for financial aid we have identified some information that needs clarification. Please provide the following information concerning Untaxed Income for the calendar year 2015. Once completed and signed, please return this form to Student Financial Services via mail, fax, or email. Please note that emailed forms must be signed and scanned.

Note: If you receive income from any of the following sources, please provide appropriate documentation. If an answer is "zero" write a "0". If you leave items blank, this form will be considered incomplete and will be returned to you.

<u>Student/Spouse</u>	UNTAXED INCOME	<u>Parent</u>
\$ _____	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported (but not limited to) on the W-2 Forms in Box 12 a-d, codes D,E,F, G,H, and S.	\$ _____
\$ _____	Child support received for all children listed in the FAFSA.	\$ _____
\$ _____	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value benefits).	\$ _____
\$ _____	Veteran's non-educational benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances.	\$ _____
\$ _____	Any other untaxed income such as worker's compensation, disability, etc. Indicated type of benefit: _____	\$ _____
\$ _____	Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.	\$XXXXX

I certify that the information included on this form is true and I am willing to provide additional documentation if requested. **You (and one of your parents, if you are a dependent student*) must sign below.**

**You are dependent if you were required to provide your parent data on the Free Application for Federal Student Aid (FAFSA).*

Student's Signature

Date

Parent's Signature

Date