

**2020-2021 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 2018.

**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.

**UNTAXED INCOME**

<u>Student/Spouse</u>		<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).*

**Please note, electronic signatures are not accepted.**

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date