



WESTERN MICHIGAN  
UNIVERSITY

STUDENT NAME: \_\_\_\_\_  
 WIN: \_\_\_\_\_  
 DAYTIME PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_

**WMU Student Financial Aid**  
 1903 W Michigan Ave  
 Kalamazoo MI 49008-5337  
 (269) 387-6000  
 finaid-info@wmich.edu

## 2019-20 DEPENDENT OTHER UNTAXED INCOME WORKSHEET

Your application was selected for review in a process called "Verification". WMU will verify information from your Student Aid Report (SAR). If there are differences between your application and your financial documents, we will make corrections that may result in an increase or decrease in your eligibility for financial aid programs.

**Verification of Other Untaxed Income on FAFSA**

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

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.

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2017, multiply that amount by the number of months in 2017 you paid or received that amount. If you did not pay or receive the same amount each month in 2017, add together the amounts you paid or received each month during 2017.

If more space is needed, provide a separate page with the student's name and WIN at the top.

**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                           | ANNUAL AMOUNT PAID IN 2017 |
|---|----------------------------|
|   |                            |
|   |                            |
|   |                            |
|   |                            |
|   |                            |
| TOTAL PAYMENTS TO TAX-DEFERRED PENSION AND RETIREMENT SAVINGS | \$                         |

**B. Child support received** - List the actual amount of any child support received in 2017 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 | ANNUAL AMOUNT OF CHILD SUPPORT RECEIVED IN 2017 |
|--|---|---|
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
| TOTAL AMOUNT OF CHILD SUPPORT RECEIVED |   | \$  |

**STUDENT NAME:** \_\_\_\_\_ **WIN:** \_\_\_\_\_

**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 | ANNUAL AMOUNT OF BENEFITS RECEIVED IN 2017 |
|-----------------------------------|--------------------------|--|
|                                   |                          |  |
|                                   |                          |  |
|                                   |                          |  |
|                                   |                          |  |
|                                   |                          |  |
| TOTAL AMOUNT OF BENEFITS RECEIVED |                          | \$   |

**D. Veterans non-education benefits** - List the total amount of veterans non-education benefits received in 2017. 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: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits.

| NAME OF RECIPIENT                 | TYPE OF VETERANS NON-EDUCATION BENEFIT | ANNUAL AMOUNT OF BENEFITS RECEIVED IN 2017 |
|-----------------------------------|--|--|
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
| TOTAL AMOUNT OF BENEFITS RECEIVED |  | \$   |

**E. Other untaxed income** - List the amount of other untaxed income not included elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

Do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, 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 | ANNUAL AMOUNT OF OTHER UNTAXED INCOME RECEIVED IN 2017 |
|----------------------------------|------------------------------|--|
|                                  |                              |  |
|                                  |                              |  |
|                                  |                              |  |
|                                  |                              |  |
|                                  |                              |  |
| TOTAL AMOUNT OF BENEFIT RECEIVED |                              | \$   |

**STUDENT NAME:** \_\_\_\_\_ **WIN:** \_\_\_\_\_

**F. Money received or paid on the student's behalf** - List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2017. Include support from a parent whose information was not reported on the student's 2019-20 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's 2019-20 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts and uncles of the student.

| PURPOSE: e.g. CASH, RENT, BOOKS | SOURCE                            | ANNUAL AMOUNT RECEIVED IN 2017 |
|---------------------------------|-----------------------------------|--------------------------------|
|                                 |                                   |                                |
|                                 |                                   |                                |
|                                 |                                   |                                |
|                                 |                                   |                                |
|                                 |                                   |                                |
|                                 | TOTAL AMOUNT OF BENEFITS RECEIVED | \$                             |

**REQUIRED SIGNATURES**

By signing this worksheet, I certify that all the information reported on it is complete and correct. I understand that purposely giving false or misleading information regarding eligibility for federal or state aid may result in fines, jail terms or both. I will provide any additional documentation required.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Return your completed form to Bronco Express on the lower level of the Bernhard Center. You may also email or mail to the address above. Be sure to include your name and WIN on all pages. Missing information may delay the processing of financial aid.**