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Southeastern Technical College is an Equal Opportunity Institution

2018-2019 Independent Untaxed Income Verification Worksheet

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a spouse, if applicable, whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student's Information

| | | | | | | | |
|--|--|---------------------|--|--|--|---|--|
| _____ Student's Last Name | | _____ First Name | | _____ M.I. | | _____ Student's Identification (ID) Number | |
| _____ Student's Street Address (include apt. no.) | | | | _____ Student's Date of Birth | | | |
| _____ City | | _____ State | | _____ Zip Code | | _____ Student's Email Address | |
| _____ Student's Home Phone Number (include area code) | | | | _____ Student's Cell Phone Number (include area code) | | | |

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.

Answer each question below as it applies to the student (and the student's spouse, if married) 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 2016, multiply that amount by the number of months in 2016 you paid or received it. If you did not pay or receive the same amount each month in 2016, add together the amounts you paid or received each month.

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

B. 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.

Student's Name _____

Student's ID Number _____

Name of Person Who Made the Payment

Total Amount Paid in 2016

c. Child support received

List the actual amount of any child support received in 2016 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 Support | Child For Whom Support Was Received | Amount Received in 2016 |
|------------------------------------|-------------------------------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

d. 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 2016 |
|-------------------|--------------------------|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

e. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2016. 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 2016 |
|-------------------|--|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

f. 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.

Student's Name _____

Student's ID Number _____

Do not include any items reported or excluded in A – D above. In addition, 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 Received in 2016 | Amount |
|-------------------|---|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

g. 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 2016. Include support from a parent whose information was not reported on the student's 2018-2019 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 2018-2019 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 | Amount Received in 2016 | Source |
|----------------------------------|-------------------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Additional information:

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans education benefits, military housing, SNAP, TANF, etc.

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

| Name of Recipient | Type of Financial Support Received in 2016 | Amount of Financial Support |
|-------------------|--|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments:

Student's Name _____

Student's ID Number _____

H. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to prison, or both.

Print Student's Name

Student's ID Number

Student's Signature

Date

Print Spouse's Name

Date

Spouse's Signature (optional)

Date