

2024 –2025 Verification of Untaxed Income Form (for 2022)

Student's Last Name		Student's First Name		Student's ID Number	
Student's Street Address (include Apt. #)				Student's Phone Number	
City	State	Zip Code	Student's Email Address		

If the student was **REQUIRED** to provide parental information on the FAFSA, answer each question on this worksheet 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 on this worksheet 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 2022, multiply that amount by the number of months in 2022 you paid or received it. If you did not pay or receive the same amount each month in 2022, add together the amounts you paid or received each month.

Section 1: Federal Benefits Received

Please check the appropriate box(es) if the parent received any of the following in 2022 or 2023:

- Medicaid or SSI (Supplemental Security Income)
- Supplemental Nutrition Assistance Program (SNAP) or Food Stamps
- Free or Reduced School Lunch Benefits
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program on 601 -3.2-14.1(r)
- Federal Housing Assistance
- Refundable Credit for Coverage Under a Qualified Health Plan (QHP)

value of a basic military allowance for housing.

- a. Parent Amount: _____ Name of Parent(s) Receiving benefit: _____
- b. Student/Spouse Amount: _____ Name of Person(s) Receiving Benefit: _____

3) Veteran's Non-Education Benefits in 2022. Include disability, death pension, dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do not include federal veteran's educational benefits such as the Montgomery GI Bill, Post 9/11 GI Bill, Dependents Education Assistance Program, VEAP Benefits, etc.

- a. Parent Amount: _____ Type of Benefit: _____
 - i. Parent(s) Receiving Benefit: _____
- b. Student/Spouse Amount: _____ Type of Benefit: _____
 - i. Student/Spouse Name Receiving Benefit: _____

4) Worker's Compensation:

- a. Parent Amount: _____ Person(s): _____
- b. Student/Spouse Amount: _____ Person(s): _____

5) Untaxed Alimony:

- a. Amount: _____ Person(s) Receiving Benefit: _____

6) Disability:

- a. Amount: _____ Person(s) Receiving Benefit: _____

7) Health Savings Account – Schedule 1, line 13:

- a. Amount: _____ Person(s): _____

8) Black Lung/Railroad Retirement Benefits:

- a. Amount: _____ Type: _____ Person(s): _____

9) Family Support Income in 2022. Please refer to Form 1041, line 1, for more information.

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- a. : _____ Person(s) _____