



SOLANO COMMUNITY COLLEGE - FINANCIAL AID OFFICE

4000 Suisun Valley Road, Student Services Bldg. 400, Fairfield, CA 94534 Phone: (707) 864-7103 • Fax: (707) 646-2071 •

www.solano.edu, Financial Aid

Verification of Other Untaxed Income (2016-2017)

Student Information:

(COMPLETE IN BLACK/BLUE INK ONLY)

Name: _____ SCC Student ID#: _____

Date of Birth: _____ Telephone Number: _____

Student or Parent's Family Information

- **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.
- **If the student was not required to provide parental information on the FAFSA**, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

Please list the total number of people in **your** household. **If you are a dependent** student please provide the number of people in your **parents** household including yourself even if you do not live with them.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017. *If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

Full Name	Age	Relationship	College	Enrolled at Least Half Time
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		Self	Solano Community College	

Student or Parent's Other Information to be Verified

Complete this section if the student, student's spouse, or student's parents *paid child support* in 2015.

- No Child support was *paid* in 2015.
- The student, student's spouse, or student's parents *paid* child support in 2015. Complete chart below.

If asked by the school, you will need to provide documentation of the payment of child support. *If you need more space, attach a separate page that includes the student's name and Social Security Number at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

Student or Parent's Untaxed Income

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.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, 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.

- 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	Total Amount Paid in 2015

B. Child support received

List the actual amount of any child support *received* in 2015 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 Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

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	Amount of Benefit Received in 2015

D. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015. 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 2015

E. 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.

Do not include any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, 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	Amount of Other Untaxed Income Received in 2015

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 2015. Include support from a parent whose information was not reported on the student's 2016–2017 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 2016–2017 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	Amount Received in 2015

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	Amount of Financial Support Received in 2015

Comments: _____

Certification and Signatures

By signing this worksheet, I/we certify that all the information reported to qualify for federal student aid is complete and correct. The student must sign and date form to be valid. If the required signature is missing this form is considered incomplete.

WARNING
If you purposely give false or misleading information on this worksheet, you may be fined \$20,000, sentenced to prison or both.

Attn: Mailed or Faxed copies will not be accepted. Originals must be submitted in person.

Signature of Applicant Date

Signature of Parent (if applicable) Date