

V	TEXAS— Please fill out all applicable fields as	any incomplete forms	will be returr	ned to you for completion.	
		· -		· ·	
	DENT NAME:				
DAT	TE OF BIRTH:	STUDENT ID: F	300		
	.S. Department of Education requires that ation for financial aid.	hat you provide the fol	lowing inform	ation to complete your	
where	item does not apply, enter "N/A" for an amount is requested. Answer each ried) whose information is on the FAFS	question below as it ap			
If mor	e space is needed, provide a separate p	page with the student's	name and Bar	nner ID at the top.	
Li (e	nyments to tax-deferred pension and rest any payments (direct or withheld from e.g., 401(k) or 403(b) plans), including, be rough 12d with codes D, E, F, G, H, and	om earnings) to tax-defout not limited to, amou			
	Name of Person Who Made	the Payment	Tota	al Amount Paid in 2017	
Li D	hild support received st the actual amount of any child suppo o not include foster care payments, add tually paid.				
	Name of Adult Who Received the	Name of Child For Whom Support Was Received		Total Amount of Child Support Received in 2017	
	Support	Support was Rece	ivea	Received in 2017	
In	ousing, food, and other living allowar clude cash payments and/or the cash v ilitary housing or the value of a basic n	value of benefits receive	ed. Do not inc		
	Name of Recipient	Type of Benefit l	Received	Total Amount of Benefit Received in 2017	
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VERIFICATION OF OTHER UNTAXED INCOME FOR 2019-2020 - DEPENDENT

Please fill out all applicable fields as ar	ny incomplete forms will be returned to you for completion.
STUDENT'S LAST NAME:	STUDENT ID: B00

D. Veterans non-education benefits

List the total amount of veteran's 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: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-education Benefit	Total Amount of Benefit Received in 2017

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 2017

F. Money received or paid on the student's behalf

List any money received or paid on your behalf (e.g., payment of student's bills) and not reported elsewhere on this form such as support from non-custodial parent, grandparents, friends, etc. 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 –2020 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	Total Amount Received in 2017	Source



VERIFICATION OF OTHER UNTAXED INCOME FOR 2019-2020 - DEPENDENT

Please fill out all applicable field	s as any incomp	lete forms will	be returned to you for co	mpletion.	
UDENT'S LAST NAME:	STUDENT ID: B00_				
litional information: So that we can fully understand the student's family 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 veteran's education benefits, military housing, SNAP, TANF, etc.					
Name of Recipient	Typ Financial		Total Amount of Fina Received in		
ments:					
dent's Signature		Parent's Sig	Parent's Signature		

Please contact your Admissions Counselor/Student Central with any financial aid questions.