

VERIFICATION OF OTHER UNTAXED INCOME FOR 2019-2020 - INDEPENDENT

Please fill out all applicable fields as any incomplete forms will be returned to you for completion.

STUDENT NAME: _

DATE OF BIRTH: _____

STUDENT ID: B00_

The U.S. Department of Education requires that you provide the following information to complete your application for financial aid.

If any item does not apply, enter "N/A" for Not Applicable where a <u>response</u> is requested, **or enter "0"** in an area where an <u>amount</u> 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.

If more space is needed, provide a separate page with the student's name and Banner ID 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 2017	

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	Total Amount of Child Support Received in 2017

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	Total Amount of Benefit Received in 2017



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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. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan <u>owned by someone other than the student</u>, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Total Amount Received in 2017	Source	



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Additional 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	Type of Financial Support	Total Amount of Financial Support Received in 2017

Comments: _____

Student's Signature	Date	Spouse's Signature	Date	
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Please contact your Admissions Counselor/Student Central with any financial aid questions.				
Trase contact your Aumissions Counselorystudent Central with any Imanetal and questions.				
Student Financial Services		Student Central Phone: 1.512.313.4700		
11400 Concordia University Drive		Student Financial Services Fax: 1.512.313.1670		
Austin, TX 78726-4141		Email: financialaid@con	Email: financialaid@concordia.edu	