

2016-2017 Untaxed Income Worksheet

_____	_____	_____
Last Name	First Name	CSU ID Number
_____	(____) _____	(____) _____
Email Address	Phone Number (home)	Phone Number (cell)

You must submit copies of all 2015 W-2 form(s) issued for each person whose information is required to be included on this form.

Do not leave any sections of this form blank. If any item does not apply, enter “N/A” where a response is requested, or enter “0” where an amount is requested.

If the student was required to provide parental information on the FAFSA, answer each question below as it applies to the student and the 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 spouse, if married) whose information is on the FAFSA.

Benefits Programs

In 2014 or 2015 did you, your parents (if dependent), your spouse (if married), or anyone in your household receive benefits from any of the programs listed below. This information is needed to help us fully understand how your family is covering living expenses, receiving these benefits does not count against your financial aid eligibility.

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Supplemental Security Income (SSI) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SNAP (Food Stamps) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Free or Reduced Price Lunch | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TANF | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| WIC | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide below any information about resources, benefits, and other amounts received. This may include items that were not required to be reported on the FAFSA or other forms submitted to the Financial Aid Office, such as veterans education benefits, military housing, Section 8/ Housing Choice Voucher program, utility assistance, etc.

Name of Recipient	Type of Support	Amount of Support Received in 2015

Untaxed Income Sources

Student Amount (and Spouse, if married)	Report Untaxed Income Amounts Received in 2015	Parent(s) Amount (if Dependent)
\$	Payments to tax-deferred pension and retirement plans, including, but not limited to, amounts reported on the W-2 Form in boxes 12a-12d, report codes D, E, F, G H, and S.	\$
\$	Child Support received for any children (do not include foster care or adoption payments).	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others, including cash payments and cash value of benefits. (Do not include on-base military housing or basic military allowance for housing.)	\$
\$	Veterans non-education benefits, such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other Untaxed Income, such as Workers' Compensation, Disability, etc. Also include untaxed portions of health savings accounts, Railroad Retirement Benefits, Black Lung Benefits, etc. (Do not include 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 Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements, foreign income exclusion, or credit for federal tax on special fuels.	\$
\$	Money received, or paid on your behalf (e.g. bills) not reported elsewhere on this form.	\$

If you answered "0" or "N/A" for all sections on this form, please provide a brief statement that explains how your family covers basic living expenses including housing, food, household expenses, etc.

By signing this worksheet, I certify that all 2015 untaxed income and benefits are accurately reported on this form.

Student's Signature

Date

Parent's Signature (if required on the FAFSA)

Date