



# 2015-2016 Untaxed Income Worksheet

## Federal Student Aid Programs

Your application was selected for review in a process called "Verification." In this process, Warner Pacific College will be comparing information from your application with the information on this worksheet. The law states we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and this worksheet, corrections may be made electronically by the College.

Complete this worksheet and submit it to Warner Pacific College as soon as possible, so that your financial aid will not be delayed. If you require assistance, please contact your financial aid counselor.

### What you should do

1. Complete and sign this worksheet
2. Submit the completed worksheet and any other documents requested to your financial aid counselor - (refer to the enclosed letter).
3. Warner Pacific College will compare information on this worksheet and any supporting documents with the information you submitted on your FAFSA. Corrections may be made by the College.

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.

If you, the student, were 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 you were 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.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2014, multiply that amount by the number of months in 2014 you paid or received it. If you did not pay or receive the same amount each month in 2014, 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. STUDENT INFORMATION

PLEASE PRINT LEGIBLY

|                                    |            |          |  |               |
|------------------------------------|------------|----------|--|---------------|
| Last Name                          | First Name | M.I.     | Social Security Number                   | Date of Birth |
| Mailing Address (include Apt. no.) |            |          | Phone Number (include area code)         |               |
| City                               | State      | Zip Code | Email address (preferred contact method) |               |

### B. PAYMENTS TO TAX-DEFERRED PENSION & 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 2014 |
|-------------------------------------|---------------------------|
|                                     |                           |
|                                     |                           |
|                                     |                           |

### C. CHILD SUPPORT RECEIVED

List the actual amount of any child support received in 2014 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 | Amount of Child Support Received in 2014 |
|--|---|--|
|  |   |  |
|  |   |  |
|  |   |  |

### D. 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 2014 |
|-------------------|--------------------------|------------------------------------|
|                   |                          |                                    |
|                   |                          |                                    |
|                   |                          |                                    |

### E. VETERANS NON-EDUCATION BENEFITS

List the total amount of veterans non-education benefits received in 2014. 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 2014 |
|-------------------|--|------------------------------------|
|                   |  |                                    |
|                   |  |                                    |
|                   |  |                                    |

### F. 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 B – E 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 2014 |
|-------------------|------------------------------|---|
|                   |                              |   |
|                   |                              |   |
|                   |                              |   |

### G. 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 2014. Include support from a parent whose information was not reported on the student's 2015–2016 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 2015–2016 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 | Amount Received in 2014 | Source |
|----------------------------------|-------------------------|--------|
|                                  |                         |        |
|                                  |                         |        |
|                                  |                         |        |
|                                  |                         |        |
|                                  |                         |        |
|                                  |                         |        |

### H. ADDITIONAL INFORMATION

So that we can fully understand the student's family's financial situation, please provide on a separate piece of paper 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. Please write the student's name and ID number at the top and include specific information about each item including the total amount received in 2014.

### I. REQUIRED SIGNATURES ON THIS WORKSHEET

Each person signing this form certifies that all the information reported on it is complete and correct.

**The student and at least one parent must sign and date.**

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Parent (if parent information included on FAFSA) Date

\_\_\_\_\_  
Spouse-optional (if student is married) Date

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.