Form 215 - Verification of Other Untaxed Income for 2015 – Dependent

On this form please document the reasons and amounts of Other Untaxed Income received or paid by the student and the student’s parents. **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 additional space is required, please continue on the back of this form.

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.

<table>
<thead>
<tr>
<th>Name of Person Who Made the Payment</th>
<th>Total Amount Paid in 2015</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name of Adult Who Received the Support</th>
<th>Name of Child For Whom Support Was Received</th>
<th>Amount Received in 2015</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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.

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Type of Benefit Received</th>
<th>Amount Received in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Type of Veterans Non-education Benefit</th>
<th>Amount Received in 2015</th>
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E. Other untaxed income

List the amount of other untaxed income not reported elsewhere on this form. Include untaxed income such as workers’ compensation, disability, untaxed portions of health savings accounts from IRS Form 1040 Line 25, etc. **Do not include** any items reported or excluded in A – D above, 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.

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Type of Other Untaxed Income</th>
<th>Amount Received in 2015</th>
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<tbody>
<tr>
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</table>

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 support the student received in 2015. Include support from a parent whose information was not 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.

<table>
<thead>
<tr>
<th>Purpose: e.g., Cash, Rent, Books</th>
<th>Amount Received in 2015</th>
<th>Source</th>
</tr>
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<tbody>
<tr>
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By signing this information request, I certify that all information is complete and correct. If you purposely give false or misleading information on this worksheet, you may receive a fine, a prison sentence, or both.

Student’s Signature: ___________________________ Date: ________________

Parent’s Signature: ___________________________ Date: ________________