

Sandburg Financial Aid
 2400 Tom L. Wilson Blvd
 Galesburg, IL 61401
 Phone: 309.341.5283
 Fax: 309.344.2529



**CARL
 SANDBURG
 COLLEGE™**
 www.sandburg.edu

2017-2018 Dependent Verification of Other Untaxed Income

Student's Name: _____ Student ID#: _____ Last 4 SSN: xxx-xx-_____

Did anyone in your household receive housing, food, and other living allowances paid to members of the military, clergy, and others for calendar year 2015?

No _____ Yes _____ if yes, amount \$ _____

Did anyone in your household receive veterans' non-education benefits such as Disability, Death Pension, Dependency and Indemnity Compensation DIC or VA Work Study in calendar year 2015?

No _____ Yes _____ if yes, amount \$ _____

Untaxed Income

So that we can fully understand the student's family's 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.

If more space is needed, provide a separate page with the student's name and ID number at the top.

| Name of Recipient | Type of Financial Support | Amount of Financial Support Received in 2015 |
|-------------------|---------------------------|--|
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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.

| Name of Recipient | Type of Other Untaxed Income | Amount of Other Untaxed Income Received in 2015 |
|-------------------|------------------------------|---|
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| | | |

OVER

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 2015. Include support from a parent whose information was not reported on the student's 2017–2018 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 2017–2018 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 2015 | Source |
|-------------------------------------|----------------------------|--------|
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I certify the information provided above is true and complete.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____