

**UNTAXED INCOME FORM**

Student Name \_\_\_\_\_

Social Security Number or TCL ID \_\_\_\_\_

Please provide the following information for the **2015** calendar year (January-December, 2015). If an item does not apply to you, enter "0". **Each blank must have a response.**

<b>Student (&amp; Spouse if married)</b>	<b>Parent(s) (if dependent)</b>
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**Child support received for any children.** Don't include foster care or adoption payments.

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**Housing, food, and other living allowances** paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.

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**Veteran's noneducation benefits**, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work Study allowances.

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**Any other untaxed income and benefits**, such as workers' compensation, disability, etc. Include the untaxed portions of health savings accounts from IRS Form 1040-line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, WIA educational benefits, combat pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.

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**Money received or paid on your behalf** (e.g. bills), not reported elsewhere on this form or the FAFSA. This includes money that you received from a non-custodial parent that is not part of a legal child support agreement.

_____	<u>Not Applicable</u>
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Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_  
(if married)

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_  
(if dependent)

Date \_\_\_\_\_