



Student Financial Aid Office
 11400 Robinwood Drive
 Hagerstown, MD 21742
 finaid@hagerstowncc.edu
 FAX: 301-791-9165

2016-2017 Untaxed Income Form

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

Your application was selected for review in a process called "Verification." When a student file is selected for verification, the Financial Aid Office must document and validate certain data elements from the FAFSA. The law says we must ask you for additional information before awarding Federal Aid and Maryland Grants or Scholarships. If there are differences between your application information and your financial documents, the Financial Aid Office may need to make corrections electronically, and you may receive a corrected Student Aid Report (SAR).

Instructions: Complete all pages of this untaxed income form and submit it to HCC Student Financial Aid Office as soon as possible. Please fill out this form in your browser and then print and sign. We require ink signatures on this form. **Required fields are outlined in red.** Please contact us if you need any additional information to fill out this form.

Student Information

| | | | |
|-----------|------------|----|---------------|
| | | | |
| Last Name | First Name | MI | HCC ID Number |

Step 1: Financial Information

Please answer all questions below.

- ❖ In 2014 or 2015, did anyone in the household receive Supplemental Security Income (SSI)?

| | | |
|---|---------------------------------|-------------------------------|
| <input type="checkbox"/> Student/Spouse | <input type="checkbox"/> Parent | <input type="checkbox"/> None |
|---|---------------------------------|-------------------------------|

- ❖ In 2014 or 2015, did anyone in the household receive Free or Reduced Price Lunch?

| | | |
|---|---------------------------------|-------------------------------|
| <input type="checkbox"/> Student/Spouse | <input type="checkbox"/> Parent | <input type="checkbox"/> None |
|---|---------------------------------|-------------------------------|

- ❖ In 2014 or 2015, did anyone in the household receive TANF (Cash Assistance)?

| | | |
|---|---------------------------------|-------------------------------|
| <input type="checkbox"/> Student/Spouse | <input type="checkbox"/> Parent | <input type="checkbox"/> None |
|---|---------------------------------|-------------------------------|

- ❖ In 2014 or 2015 did anyone in the household receive WIC (Women and Children Nutrition Program)?

| | | |
|---|---------------------------------|-------------------------------|
| <input type="checkbox"/> Student/Spouse | <input type="checkbox"/> Parent | <input type="checkbox"/> None |
|---|---------------------------------|-------------------------------|

- ❖ In 2015 did anyone in the household RECEIVE child support?

| | | |
|---|---------------------------------|-------------------------------|
| <input type="checkbox"/> Student/Spouse | <input type="checkbox"/> Parent | <input type="checkbox"/> None |
|---|---------------------------------|-------------------------------|

If yes, enter annual amount received in 2015: \$ _____

Step 2: Untaxed Income information

If the section does not apply to you please enter N/A in the first line.

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. **Submit a copy of all W2's received for 2015 to the Financial Aid Office.**

| Name of Person Who Made the Payment | Total Amount Paid in 2015 |
|-------------------------------------|---------------------------|
| | \$ |
| | \$ |
| | \$ |

B. 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 2015 |
|-------------------|--------------------------|------------------------------------|
| | | \$ |
| | | \$ |
| | | \$ |

C. 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 or Post-9/11 GI Bill.

| Name of Recipient | Type of Veterans Non-education Benefit | Amount of Benefit Received in 2015 |
|-------------------|--|------------------------------------|
| | | \$ |
| | | \$ |
| | | \$ |

D. 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 A – C 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 2015 |
|-------------------|------------------------------|---|
| | | \$ |
| | | \$ |
| | | \$ |

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 cash support the student received in 2015. Include support from a parent whose information was not reported on the student's 2016–2017 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 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.

| Purpose: e.g., Cash, Rent, Books | Amount Received in 2015 | Source |
|----------------------------------|-------------------------|--------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

Additional information:

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 veterans' 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 |
|-------------------|---------------------------|--|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Comments pertaining to supporting the household size listed:

By signing this form you are certifying that all the information reported on it is complete and correct.

Student Signature

Date

Parent Signature (Required for Dependent Students)

Date