

Office of Financial Aid

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Your 2016-17 FAFSA (Free Application for Federal Student Aid) was selected for a review of your income, taxable and/or untaxable, as reported within your application. We have been tasked to determine how you (and your family) were financially supported in 2015. Before your aid eligibility can be determined, federal law states that we must gather all source(s) of untaxed income and the amount received by you (and/or your parent(s)) from each source during the 2015 tax year. We must also gather all IRS W-2 forms for each source of employment income received in 2015.

Student's Name _____ Student ID# A

Form Instructions:

Enter "N/A" (not applicable) if the type of untaxed income listed does not apply.

Attach copies of all 2015 W-2 forms issued by your employers and/or your parent(s)' employers.

Check here if copies of all 2015 IRS W-2 forms are attached to this form.

Check here if you are unable to provide copies of all/some 2015 IRS W-2 forms and provide an explanation on the lines below.

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.

NAME OF PERSON WHO MADE THE PAYMENT	ANNUAL AMOUNT PAID IN 2015
TOTAL PAYMENTS TO TAX-DEFERRED PENSION & RETIREMENT SAVINGS	\$

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.

NAME OF ADULT RECEIVING SUPPORT	NAME OF CHILD FOR WHOM SUPPORT WAS RECEIVED	ANNUAL AMOUNT OF CHILD SUPPORT RECEIVED IN 2015
TOTAL AMOUNT OF CHILD SUPPORT RECEIVED		\$

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.

NAME OF RECIPIENT	TYPE OF BENEFIT RECEIVED	ANNUAL AMOUNT OF BENEFIT RECEIVED IN 2015
TOTAL AMOUNT OF BENEFITS RECEIVED		\$

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

NAME OF RECIPIENT	TYPE OF VETERANS NON-EDUCATION BENEFIT	ANNUAL AMOUNT OF BENEFIT RECEIVED IN 2015
TOTAL AMOUNT OF BENEFITS RECEIVED		\$

E. 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 (i.e. short or longterm 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 – D above. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits (including disability), Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military allowance, 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	ANNUAL AMOUNT OF OTHER UNTAXED INCOME RECEIVED IN 2015
TOTAL AMOUNT OF OTHER UNTAXED INCOME		\$

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 2016-17 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	ANNUAL AMOUNT RECEIVED IN 2015	SOURCE
TOTAL AMOUNT RECEIVED		\$

FOR OFFICE USE ONLY

Counselor _____

Review Date: _____

Based on your review:

A. Was financial support sufficient for student's reported household size? Yes No

B. Income summary:

AGI: _____

+ Untaxed Income: _____
(FAFSA fields)

+ Add'l Sources: _____
(not reported on FAFSA)

Total Sources: _____

Checklist:

- Verify all W-2s *(Remember to check for nonfiler forms)*
- Update ISIR & RNANAx with untaxed income items as reported in sections A-F of this form *(Do not include section G)*
- Call exempt committee meeting if Total Sources falls below guidelines for family size
- Document exceptions and committee decision(s)

Number in household _____

HHS Threshold \$ _____

- Change status on RRAAREQ from "P" to "C"

Committee members present *(if meeting called)*: _____

Committee decision(s) and notes: _____

