

**Office of Financial Aid**

1400 East Hanna Avenue

Indianapolis, IN 46227-3697

(317) 788-3217 / Fax: (317) 788-6136

[financialaid@uindy.edu](mailto:financialaid@uindy.edu)

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 spouse, if married) 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 your spouse) 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 spouse's employers (if married).

- 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: *remember, as an independent student, parent data is not otherwise reported through your FAFSA but parent funds may be a source of income for your family.* For example, if someone (like either your parent or that of your spouse's) is paying rent, utility bills, etc., for you or gives cash, gift cards, etc., include the amount of that person's contributions. 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		\$

**G. Additional information—Items You May not Think of as Income:**

So that we can fully understand the student’s family financial situation, please provide additional information below 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. Check all that apply to the student’s household and **provide a value** to quantify amounts (monthly and annual total):

- |                          |   |                |               |
|--------------------------|---|----------------|---------------|
| <input type="checkbox"/> | Discounted or Free Childcare                                | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Discounted or Free Insurance (Car, Dental, Medical, Vision) | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Discounts on Utilities                                      | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Federal Veterans Education Benefits                         | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Free or Reduced Uniform/School Clothing                     | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Free or Reduced Housing                                     | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Free or Reduced Lunches for Children in School              | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Free or Reduced School Books                                | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Income Provided to Household by Dependents (or Others)      | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Military Housing  | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Social Security Disability                                  | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | SNAP  | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | TANF  | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Other Support: _____  | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Other Support: _____  | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Other Support: _____  | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Other Support: _____  | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Other Support: _____  | Monthly: _____ | Annual: _____ |
| <input type="checkbox"/> | Other Support: _____  | Monthly: _____ | Annual: _____ |

Provide additional information that you feel would be valuable in our evaluation of your household finances or ability to provide for your family:

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**ACKNOWLEDGMENT AND SIGNATURES**

By signing and dating this worksheet, we certify that (1) we are the student and spouse (if married) and (2) all of the information reported on this form is complete and correct, **including all sections filled in or marked as “N/A” and W-2s attached where applicable.** At least one parent must sign. (*Warning: If you purposely give false or misleading information on this worksheet, under federal law you may be fined \$20,000, be sentenced to jail, or both.*)

Student’s signature \_\_\_\_\_ Date \_\_\_\_\_  
Spouse’s signature \_\_\_\_\_ Date \_\_\_\_\_  
(if married)

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)*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Committee decision(s) and notes: \_\_\_\_\_

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