



# **Income and Resources Used for Student Support During 2021**

Stu	dent's Name:	Student ID:	
unu the	sually low income for the 2021 calendar year. Th	<ul> <li>information shows conflicting information or you reported the Federal Government requires colleges to check the accurate return the information requested on this form or you will not be a supplied to the confliction of the confl</li></ul>	acy of
	ny item does not apply, enter "N/A" for Not Applere an amount is requested.	icable where a <u>response</u> is requested, or enter 0 (zero) in a	n area
	ou were required to provide parental information r parent(s) whose information is on the FAFSA.	on the FAFSA, answer each question below as it applies to	you and
	ou were not required to provide parental informated your spouse, if married).	tion on the FAFSA, answer each question below as it applie	s to you
202	1, multiply that amount by the number of month	<b>em:</b> If you paid or received the same dollar amount every res in 2021 you paid or received that amount. If you did not pogether the amounts you paid or received each month duri	pay or
lf m	ore space is needed, provide a separate page wit	h your name and ID number at the top.	
	401(k) or 403(b) plans), including, but not limited	ent savings ngs) to tax-deferred pension and retirement savings plans (or to, amounts reported on W-2 forms in Boxes 12a through as reported with code DD (employer contributions toward er	12d with
	Name of Person Who Made the Payment	Annual Amount Paid in 2021	
	Total payments to tax-deferred pension and	\$	

List the actual amount of any child support received in 2021 for the children in your household.

Do not include foster care payments, adoption payments, or any court-ordered amount not actually paid.

Name of Adult Who Received	Name of Child For Whom	Annual Amount of Child
the Support	Support Was Received	Support Received in 2021
Total amount of child support received		\$

# C. Child support paid

Provide in the space below the name(s) of the person(s) who paid child support, the name(s) of the person(s) to whom child support was paid, the name(s) and ages of the child(ren) for whom child support was paid, and the total annual amount of child support that was paid in 2021 for each child.

Name of Person Who	Name of Person to Whom	Name and Age of Child for	Annual Amount
Paid Child Support	Child Support was Paid	Whom Support was Paid	of Child Support
			Paid in 2021
Total amount of child support received			\$

**D.** Housing, food, and other living allowances paid to members of the military, clergy, and others. Include cash payments and/or the case 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 Benefits Received in 2021
	Total amount of benefits received	\$

#### E. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2021. 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: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits.

Name of Recipient	Type of Veterans Non-education Benefit	Annual Amount of Benefits Received in 2021
	Total amount of benefits received	\$

#### F. 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 benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 – line 12, Railroad Retirement Benefits, etc.

**Do not include** any items reported or excluded in A-E 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, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or military housing allowance, combat pay, benefits from flexible spending accounts (eg. HCFSA or DCFSA health care flexible spending accounts), 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 2021
7	Total amount of other untaxed income	\$

# G. 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 or excluded elsewhere on this form. Enter the total amount of cash support the student received in 2020. Include support from a parent whose information <u>was not</u> reported on the student's 2023-2024 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 2023-2024 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan <u>owned by someone other than the student or the student's parents</u>, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Source	Annual Amount Received in 2021
	Total amount received	\$

### **Additional information:**

So that we can fully understand your family's financial situation, please provide below information about any other resources, benefits, and other amounts received by you and any members of your 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 includes such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

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

Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2021
Total	amount of financial support received	\$

	7	
Comments:		
Signatures:		
Each person signing this worksheet certifies all of the infor	mation reported is complete and correct.	
Student's Signature	Date	
Parent's Signature (dependent students only)	 Date	