

# Office of Financial Aid

6 Pennyfield Avenue • Throggs Neck, NY • 10465

Tel: 718-409-7200 • Fax: 718-409-7275 • Email: financialaid@sunymaritime.edu

## 2016-2017 UNTAXED INCOME VERIFICATION

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called “Verification”. The law says that before awarding Federal aid, we have the right to ask you to confirm information reported on your FAFSA using this worksheet, you and your parent(s) 2015 tax return transcripts and/or other financial documents.

If there are differences, your FAFSA information will be corrected.

Complete this verification request as soon as possible to prevent delays in the receipt of your financial aid award.

### A. Student Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Maritime ID#

\_\_\_\_\_  
Street Address (include apt. no.)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number (include area code)

### B. Verification of Other Untaxed Income

If any item does not apply, enter a “N/A” for Not Applicable, where a response is requested, enter zero (0) in an area where an amount is requested.

If you were required to provide parental information on the FAFSA answer each question below as it applies to you and your parent(s) whose information is on the FAFSA. If you were not required to provide parental information on the FAFSA, answer each question below as it applies to you (and your spouse, if married) whose information is on the FAFSA.

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

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

- **SNAP Benefits** (additional documentation may be required)  
\_\_\_\_\_ is as a member of the parents’ household and received SNAP benefits (formerly known as food stamps) in 2014 or 2015.
- **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 Who Received the | Name of Child For Whom Support Was Received | Amount of Child Support Received in 2015 |
|--------------------------------|---|--|
|                                |   |  |
|                                |   |  |
|                                |   |  |

▪ **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 2d with codes D, E, F, G1, H, and S:

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

▪ **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 |
|-------------------|--------------------------|------------------------------------|
|                   |                          |                                    |
|                   |                          |                                    |
|                   |                          |                                    |

▪ **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, and Post-9/11 GI Bill:

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

▪ **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 the questions 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 |
|-------------------|------------------------------|---|
|                   |                              |   |
|                   |                              |   |
|                   |                              |   |

▪ **Money Received or Paid on the Student’s Behalf**

List any money received or paid on your behalf (e.g., payment of student’s bills) and not reported elsewhere on this form. Enter the total amount of cash support you received in 2015. For example, if someone is paying rent, utility bills, etc., for you or gave you cash, include the amount of that person's contributions. Amounts paid on the student’s behalf also include any distributions to you from a 529 plan owned by someone other than the student, 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 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 include such things as federal Veterans education benefits, military housing, SNAP (formerly food stamps), TANF, etc.:

| Name of Recipient | Type of Financial Support | Amount of Financial Support Received in 2015 |
|-------------------|---------------------------|--|
|                   |                           |  |
|                   |                           |  |
|                   |                           |  |
|                   |                           |  |
|                   |                           |  |
|                   |                           |  |

Comments: \_\_\_\_\_

**C. Certification and Signatures**

By signing this worksheet, we certify that all information reported is complete and correct.

If student is **Dependent**, the student and at least one parent must sign and date.  
 If student is **Independent**, a spouse’s signature is optional.

\_\_\_\_\_  
 Student Date

\_\_\_\_\_  
 Parent or Spouse Date

**Submit this worksheet to the Financial Aid Office.  
 You should make a copy of this worksheet for your records.**