



**2018/2019
UNTAXED INCOME
VERIFICATION FORM**

Student's Name: _____ **NCC ID(N#):** N00 _____

Tax filers and non-tax filers must list any untaxed income received in 2016. Boxes left blank will be considered \$0.00. Failure to properly complete this section will delay the processing of your financial aid.

Student (If student is married, include spouse's information)	Untaxed Income Amounts for Calendar Year 2016	Parent (Only if student is Dependent)
\$	Child support received for all children. Do not include foster care or adoption payments.	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits.) Do not include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Other untaxed income not reported on question 45 of the FAFSA for student (and spouse, if applicable) and question 94 on the FAFSA for parent, such as worker's compensation, disability, etc. Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act education benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Veteran non-education benefits such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-study allowances.	\$
\$	Money received, or paid on the student's behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on the FAFSA and that is not part of a legal child support agreement.	NA

Certification Statement: Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. If requested, we will provide supporting documentation.

Signature of student

Date

Signature of parent listed on FAFSA (only if student is Dependent)

Date

Return completed form to Nassau Community College, Office of Financial Aid, 1 Education Dr., Garden City, NY 11530

IMPORTANT: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both as per U.S. Department of Education regulations.