



California State University
Dominguez Hills
 Financial Aid Office
 1000 East Victoria Street
 Carson, CA 90747
 (310) 243-3691

Name: _____	Last	First	MI
Student ID# _____			

Verification of Other 2016 Untaxed Income

According to you 2018-2019 FAFSA, it has been determined that additional information is required regarding the 2016 untaxed income you and/or your parent indicated on your 2018-2019 FAFSA. You and at least one parent (if you are a dependent student) must complete and sign this form, attach any required documents, and submit the form to the CSUDH Financial Aid Office.

- 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.

DO NOT LEAVE ANY SECTION OF THIS FORM BLANK. IF THE QUESTION DOES NOT APPLY, PLEASE ENTER "N/A."

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2016, multiply that amount by the number of months in 2016 you paid or received it. If you did not pay or receive the same amount each month in 2016, 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.

A. Child support received: List the actual amount of any child support received in 2016 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 Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2016

B. 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 2016

C. Veterans non-education benefits:

List the total amount of veterans non-education benefits received in 2016. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

Do not include federal veteran's 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	Amount of Benefit Received in 2016

Student's Name: _____ Student ID# _____

D. 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 A – C 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 2016

F. 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 2016. Include support from a parent whose information was not reported on elsewhere, but do not include support from a parent whose information was reported. For example, if someone is paying your rent, utility bills, etc., or gives you cash, gift cards, etc., include the amount of that person's contributions **unless the person is your parent whose information is reported on your FAFSA**. Amounts paid on your behalf also include any distributions to your 529 plan owned by someone other than you or your parent(s), such as your grandparents, aunts, and uncles.

Purpose: e.g., Cash, Rent, Books	Source	2016 Amount Received

G. 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 include such things as federal veteran's education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Amount of 2016 Financial Support Received

H. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student's Signature (Required)

Date

Parent's Signature (If Required)

Date