



Rockingham COMMUNITY COLLEGE

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2020-2021 Verification of Other Untaxed Income for 2018

A. Student Information

Student Name: _____
Last First MI

Student ID#: _____ Telephone (____) _____

The income that was reported on your 2020-2021 FAFSA (Free Application for Federal Study Aid) appears insufficient to support the number of people in your household OR you are considered independent only because you reported that you have a child you support more than 50%. Please complete this form to clarify how you and your spouse, or parents, or children (if applicable), were able to support yourselves during 2018. Explain how you were able to provide for such needs as housing, food, utility bills, transportation and clothing.

If any item does not apply, enter "NA" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

If a student was required to provide parental information on the FAFSA, answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married).

2018 IRS W-2 forms: Provide copies of all 2018 IRS W-2 forms issued by the employers to the dependent student and the student's parents or to the independent student and spouse, if the student is married.

- If no W-2's were issued, please check here.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2018, multiply that amount by the number of months in 2018 you paid or received that amount. If you did not pay or receive the same amount each month in 2018, add together the amounts you paid or received each month during 2018.

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

B. Federal Benefits

In 2018, did you, your parents, or anyone in your or your parents' household receive any of the following federal benefits? Check ALL that apply to you.

<input type="checkbox"/>	SNAP (formerly known as food stamps) Supplemental Nutrition Assistance Program.
<input type="checkbox"/>	SSI (Supplemental Security Income)
<input type="checkbox"/>	TANF (Temporary Assistance for Needy Families) or WIC (Special Supplemental Nutrition Program for Women, Infants and children)
<input type="checkbox"/>	Free or Reduced Lunch

C. Payments to Tax-Deferred Pensions 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 2018
Total Payments to Tax-deferred Pension & Retirement Savings	\$

D. Child Support Received

List the actual amount of any child support received in 2018 for the children in your household. **Do not include** foster care payments, adoption payments, or any other amount that was court ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child for Whom Support Was Received	Annual Amount of Child Support Received in 2018
Total Amount of Child Support Received		\$

E. 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 non-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 2018
Total Amount of Benefits Received		\$

F. Veterans Non-Education Benefits

List the total amount of veterans non-education benefits received in 2018. 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, Dependents Education Assistance Program, VEAP Benefits.

Name of Recipient	Type of Veterans Non-education Benefit	Annual Amount of Benefits Received in 2018
Total Amount of Benefits Received		\$

G. 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 Line 25, Railroad Retirement Benefits, etc. **Do not include** any items reported or excluded in B-F 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 a military housing 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 2018
Total Amount of Other Untaxed Income		\$

H. 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 2018. Include support from a parent whose information was not reported on the student's 2019-2020 or 2020-2021 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 contribution **unless the person is the student's parent whose information is reported on the student's 2019-2020 or 2020-2021 FAFSA.** 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's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Source	Annual Amount Received in 2018
Total Amount Received		\$

I. Additional Information

Provide information 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 2020-2021 FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc. **If more space is needed, provide a separate page with the student's name and ID number at the top.**

Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2018
Total Amount of Financial Support Received		\$

J. Explanation of situation – Please explain your financial situation; include detail explanation of living arrangements for 2018. Please attach a separate sheet if additional space is needed.

K. Signatures

BEFORE SIGNING, PLEASE CHECK FOR ACCURACY AND COMPLETENESS. **INCOMPLETE FORMS WILL BE RETURNED AND WILL DELAY PROCESSING OF YOUR FINANCIAL AID. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both. ****

Each person signing this form certifies that all information reported on it is correct.

Student Name _____ Student ID _____
(Please Print)

Student Signature _____ Date _____

Parent Signature _____ Date _____
(Dependent Students Only)