



2018-2019

UNTAXED INCOME

Last Name

First Name

Middle Initial

Social Security Number

2016 MONTHLY UNTAXED INCOME AND BENEFITS

There should be no blank or unanswered questions even if the answer is zero. Incomplete forms will be returned and will delay processing of financial aid.

Student's Monthly Income	Item	Parent's Monthly Income (Dependent Student)
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12A through 12D, codes D, E, F,G,H, and S. DO NOT include amounts reported in code DD NOTE: please include a copy of all W-2s.	\$
\$	Child support RECEIVED for any of your children. DO NOT include foster care or adoptions 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 basic military allowance for housing.	\$
\$	Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-study allowances.	\$
\$	Other untaxed income not reported, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 (line 25). DO NOT include Social Security or SSI payments.	\$
\$	Money received or paid on your 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 is not part of legal child support agreement.	\$

CERTIFICATION AND SIGNATURES

The undersigned certify that all the information reported on this form is complete and correct. Our signature(s) below authorize any needed corrections to the information reported on the Free Application for Federal Student Aid (FAFSA) as a result of the verification process. The student and/or one parent whose information was reported on the FAFSA MUST sign and date this form.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.

Student's Signature

Date

Parent's Signature (Dependent Student only)

Date

PLEASE RETURN ALL FORMS AND DOCUMENTATION—list student's name and Social Security Number at top of all documents

Cisco College Financial Aid Office
101 College Heights
Cisco, Texas 76347
www.cisco.edu

Turn in to either campus location
Cisco Phone: 254-442-5153
Abilene: 325-794-4417
Fax: 254-442-1090
IF Emailing -send directly to your financial aid counselor

Office use: