

2017–2018 Untaxed Income Worksheet

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Student Information (Please print clearly)

Last Name	First Name	М.І.	ACC Student ID or Social S	Security Number
Address (include apt. #)			Date of Birth	
City	State	Zip Code	Phone Number (include area code)	
	ent(s)' 2015 Other Unt			
Report annual amou	nts. Complete only <mark>highli</mark>	ighted questions.	<u>Student</u>	<u>Parent</u>
earnings), including,	erred pension and retirements but not limited to, amounts re , F, G, H and S. DON'T INCLUD	eported on the W-2 Form	in Boxes	\$
Child support received for all children. Write in the total amount received in 2015 as a result of court order as well as voluntarily provided.				\$
and others. Include	her living allowances paid to cash payments and cash value asic military allowance for ho	e of benefits. Exclude on-l	•••	\$
Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. DON'T INCLUDE amounts received as Post 9/11 or Montgomery GI Bill, DEAP, or VEAP.				\$
Other untaxed income or benefits such as workers' compensation, disability, Black Lung Benefit, untaxed portions of Health Savings Accounts from IRS form 1040 line 25, Railroad Retirement Benefits, etc. Source of income: Exclusions: extended foster care benefits, student aid, unemployment, earned income credit, additional child tax credit, welfare benefits, untaxed Social Security, SSI, combat pay, WIA educational benefits, flexible spending arrangements (e.g., cafeteria plans), state foster care, adoption assistance, or foreign income exclusion				\$
elsewhere on this for mation is not reporte	baid on student's behalf (e.g., rm. Including money received ed on the FAFSA. Also include is <u>owned by someone other t</u> its or uncles.)	from a parent whose fina distributions to the stude	ancial infor- nt	XXXXXXX

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.

Parent's Signature

RETURN TO ACC FINANCIAL AID OFFICE, 665 JOHNSON STREET, ALPENA, MI 49707 OR FAX# 989-358-7541. FOR INFORMATION, CALL 989-358-7286.