

201) -201* Independent Other Untaxed Income Verification

SECTION A: STUDENT INFORMATION

Name: _____ UNTF Assigned ID: _____ SSN (last 4 digits only): _____

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form.

SUBMITTING THIS FORM

- ✓ We will update your FAFSA, if needed, based on the information provided on this form.
- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be submitted to our office *at least* two weeks before the end of the term.

SECTION B: UNTAXED INCOME

- ▶ Tax filers and non-tax filers must complete this section.
- ▶ Enter **ONLY ANNUAL AMOUNTS** received during the calendar year from January 1, 2014 to December 31, 2014.
- ▶ You must enter an amount or check the 'None' box for both student and parent for each line.

Leaving any line blank will delay processing of this form.	Student		Spouse	
	Amount	None	Amount	None
Payments to Tax-Deferred Pension and savings plans, including but not limited to, amounts reported on the W-2 boxes 12a through 12d, codes D, E, F, G, H and S.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Child Support Received for all children. Do not include foster care or adoption payments.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Living Allowance including housing, food and other living allowances for military, clergy and others (including cash payments and cash value of benefits). DO NOT include the value of on-base military housing or basic military allowance for housing.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Veteran's Non-Educational Benefits , such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Other Untaxed Income not reported such as worker's compensation, disability, etc. Also, include the untaxed portions of health savings accounts from IRS 1040 line 25. DO NOT include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or 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. LIST SOURCE: _____	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Money Received or paid on your behalf (e.g. bills) not reported elsewhere on this form. LIST SOURCE: _____	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>

SECTION C: CERTIFICATION

I certify that all the information contained on this form is complete and correct and that there is no forgery of signature(s). I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted.**

Student Signature	Date	Spouse Signature	Date
X _____	_____	X _____	_____

Return this completed form with any required documentation to:

*Student Financial Aid & Scholarships, University of North Texas at Dallas- 73000 Univeristy Hills Blvd, Dallas, TX 75241
or fax to (972) 780-3636 or save and attach as PDF and email to financialaid@untdallas.edu*