



**FINANCIAL AID SERVICES**

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**2021-2022 VERIFICATION OF UNTAXED INCOME**

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Email: \_\_\_\_\_@warhawks.ulm.edu DOB: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

This information is being requested because the ULM Office of Financial Aid would like to verify the amount of untaxed income received for 2019. Dependent students should complete both the Parent and the Student columns. Independent students should complete the Student column and enter zeros in the Parent column. Do not leave any part of this section blank. If not applicable, enter zero.

Student (and spouse, if applicable)	TYPE OF UNTAXED INCOME RECEIVED IN 2019 CALENDAR YEAR	Parent (dependent students only)
\$	Payments to tax-deferred pension and retirement savings plan (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form. <b>Don't include</b> amounts reported in code DD (employer contributions toward employee health benefits);	\$
\$	Tax-deductible payments made to IRA, self-employed SEP, SIMPLE, Keogh, and other qualified accounts plans.	\$
\$	Child support received for all children. Don't include foster care or adoption payments;	\$
\$	Tax exempt interest income from IRS Form 1040.	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040	\$
\$	Untaxed portions of pensions from IRS Form. Exclude rollovers. If negative, enter a zero.	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and the cash value of benefits). If a Dependent student's parent received free room and board in 2019 for a job that was not awarded to them as student financial aid, its value should be included;	\$
\$	Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do not include Federal Veterans education benefits such as: Montgomery GI Bill (Ch. 30), Dependents Educational Assistance Program (DEAP), VEAP benefits, or Post-9/11 GI Bill (Ch. 33);	\$
\$	Other untaxed income not reported, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, Social Security benefits, SSI, Workforce Investment Act 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.	\$
\$	Money received, or paid on your behalf (e.g. bills) not reported elsewhere on this form.	\$

**Certification and Signature:**

By signing this worksheet, each person certifies that all of the information provided on this form and the FAFSA is true and complete to the best of their knowledge. **WARNING: If you purposely give false and/or misleading information on this form or FAFSA, you may be fined, sent to prison, or both.** All signatures must be handwritten. Electronic signatures cannot be accepted.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Student printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Parent printed name

\_\_\_\_\_  
Date