Untaxed Income Verification

If you need assistance with filling out this form, please contact the Office of Financial Aid at 800-367-3565 or mthompson@hcu.edu

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M. I.</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Instructions

1. This form will not be processed if any items are left blank. Write “0” for terms that do not apply.
2. Use blue or black ink only. Please type or print clearly.
3. Include parent’s information and signature if it was required on the FAFSA.
4. Include spouse’s information if you were married when you filed the FAFSA.
5. If clarification of your situation is necessary, additional information or documentation may be required.
6. Submit this form by fax to 256-716-8021, mail to P.O. Box HCU, Florence, AL 35630, or in person to the Office of Financial Aid.

Section A: Untaxed Income Information

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Student &amp; Spouse</th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments to tax deferred pension and savings plan (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a thru 12d, codes D,E,F,G,H, and S, but not code DD.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040-line 28 + line 32 or 1040A-line 17.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Annual Child support you have received for all your children. Don’t include foster care or adoption payments.</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Full name of Child Support Payer(s)

1. 
2. 

Full Name of Child(ren) Supported by Child Support

1. 
2. 
3. 
4. 

Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b. | $ | $ |

Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). If you have a rollover amount, please enter that amount here: $ | $ | $ |

Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here. | $ | $ |

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 a basic military allowance for housing. | $ | $ |

Veteran’s 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 above, such as workers’ compensation, disability, first time home buyer tax credit from IRS Form 1040-line 67, etc. Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed 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 you received, or that was paid on your behalf from someone else (e.g., bills), not reported elsewhere on this form. | $ | $ |

TOTAL | $ | $ |

Section B: Certification and Signature

By signing below, both student and parent acknowledge and confirm that all of the information reported above is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. If the student is Dependent, one parent whose information was reported on the FAFSA must sign and date.

_________________________________________________  ______________________________
Student’s Signature                                 Date

___________________________________________  _____________________________
Parent’s Printed Name                              Date

___________________________________________
Parent’s Signature