



**CHADRON  
STATE COLLEGE**

Return Information to: CSC START Office  
1000 Main Street, Chadron NE 69337  
Scan & Email to: [start@csc.edu](mailto:start@csc.edu)  
Fax to: (308) 432-6474 or (308) 432-6058  
Phone: (308) 432-6060

## 2016-2017 Dependent Other Untaxed Income Verification Form

Student's Last Name	Student's First Name	Student's M.I.	Student's NUID or Social Security #
Student's Home Phone Number (include area code)		Student's Alternate or Cell Phone Number	

❖ Your FAFSA has been selected for Verification. We are required to verify the accuracy of information reported on your FAFSA and to make corrections if necessary. Federal aid awards cannot be finalized or aid paid to the student account until verification is complete.

- Tax filers and non-tax filers must complete this section
- Enter **ONLY ANNUAL AMOUNTS** received during the calendar year from January 1, 2015 to December 31, 2015.
- 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		Parent	
	Amount	None	Amount	None
<b>Payments to Tax-Deferred Pension and Retirement Savings Plans</b> , including but not limited to, amounts reported on W-2 forms in boxes 12a through 12d, with codes D, E, F, G, H and S.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
<b>Child Support Received</b> for all children. Do not include foster care/adoption payments.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
<b>Living Allowance</b> including housing, food and other living allowances for military, clergy and others (including cash payments and cash value of benefits). <b>DO NOT include</b> the value of on-base military housing or basic military allowance for housing.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
<b>Veteran's Non-Educational Benefits</b> , such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and /or VA Educational Work-Study Allowances.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
<b>Other Untaxed Income</b> not reported such as worker's compensation, disability, Railroad Retirement Benefits, Black Lung Benefits, etc. Also include the untaxed portions of health savings accounts from IRS 1040 line 25. <b>*DO NOT include</b> student aid, Earned Income Credit, Additional Child Tax Credit, TANF, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels. <b>LIST SOURCE:</b> _____	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
<b>Money Received</b> or paid on your behalf (e.g. bills) not reported elsewhere on this form. <b>LIST SOURCE:</b> _____	\$	<input type="checkbox"/>		

❖ To help speed up processing, please attach a copy of any W-2s you and your parents received for the 2015 tax year.

### Certification and Signature:

Each person signing below certifies that all of the verification information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

**\*Electronic signatures are not accepted.\***

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail or both.**

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_