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## 2020 – 2021 UNTAXED INCOME VERIFICATION FORM

**STUDENT:** \_\_\_\_\_ **FIDN#: A** \_\_\_\_\_  
Last name First name

Please complete this form to help clarify a conflict regarding information you reported or left blank on the Free Application for Federal Student Aid (FAFSA). The U. S. Department of Education requires the resolution of conflicting information; therefore, **complete this worksheet and attach all supporting documentation, then submit electronically at:** [my.fordham.edu/fasubmitdocs](http://my.fordham.edu/fasubmitdocs). This will allow for a smooth processing of your financial aid application correction.

<b>2018 UNTAXED INCOME - FOR ZERO AMOUNTS, ENTER "0". DO NOT LEAVE BLANK.</b>	Student	Parent
A) 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 through 12d, codes D, E, F, G, H and S. Do not include code DD	\$ _____	\$ _____
B) IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040-Schedule 1 — line 28 + line 32.	\$ _____	\$ _____
C) Child Support received for all children in 2018	\$ _____	\$ _____
D) Tax exempt interest income from IRS Form 1040—line 2a.	\$ _____	\$ _____
E) Untaxed portions of IRA distributions and pensions from IRS Form 1040—lines (4a minus 4b). Exclude rollovers. If negative, enter a zero here.	\$ _____	\$ _____
F) Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$ _____	\$ _____
G) Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____	\$ _____
H) Other untaxed income not reported above, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 – line 25. <b>Don't include</b> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity 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.	\$ _____	\$ _____
I) Money received, or paid on your behalf (e.g. bills) not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information was <b>NOT</b> reported on the FAFSA and that is not part of a legal child support agreement.	\$ _____	\$ _____
J) Other (list source _____)	\$ _____	\$ _____
<b>K) Total Untaxed Income for 2018 (Add A through J)</b>	\$ _____	\$ _____

**I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature. If you (the student) are independent, only the student signature is needed.**

\_\_\_\_\_  
**Parent's Name (Print)** **Parent's signature** **Date:**

\_\_\_\_\_  
**Student's Name (Print)** **Student's signature** **Date:**