UNTAXED INCOME DOCUMENTATION FORM

FINANCIAL AID OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2055 | 1-800-264-1094 | Fax: (501) 977-2123 | www.uaccm.edu

A. STUDENT'S BASIC INFORMATION

Name: ______________________________
(Last Name) (First Name) (Middle Initial)

Social Security No.: ______________ **Date of Birth:** ______________

Mailing Address: ______________________________
(Street address, P.O. Box, Rural Route, Apartment Number, Etc.)

____
(City) (State) (Zip) (County)

E-Mail Address: ______________ **Home Phone Number:** ______________

Alternate Phone Number: ______________

INSTRUCTIONS

If any item does not apply, enter "N/A" for Not Applicable or enter "0", in an area where an amount is requested.

If the student was required to provide parental information on the FAFSA, answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

If more space is needed, provide a separate page with the student's name and ID number at the top.

B. PAYMENT TO TAX-DEFERRED PENSION AND RETIREMENT SAVINGS

List any payments (direct or withheld from earning) to tax-deferred pension and retirement savings plans (e.g. 401(k) or 403(b) plans), 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.

Name of Person Who Made The Payments	Total Amount Paid in 2015

C. CHILD SUPPORT RECEIVED

List the actual amount of any child support received in 2015 for the children in your household.

Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually received.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Child Support was Paid	Age of Child	Amount of Child Support Paid in 2015

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D. HOUSING, FOOD AND LIVING ALLOWANCES PAID TO MEMBERS OF THE MILITARY, CLERGY, AND OTHERS

Include cash payments and/or the cash value of benefits received.

Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015

E. VETERANS NON-EDUCATION BENEFITS

List the total amount of veterans non-education benefits received in 2015. Include Disability Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

Do not include federal veteran's educational benefits such as Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, and Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-Education Benefit	Amount of Benefit Received in 2015

F. OTHER UNTAXED INCOME

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS form 1040 Line 25, Railroad Retirement Benefits, etc.

Do not include any items reported or excluded in A–D above. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) 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 of special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Untaxed Income Received in 2015

G. MONEY RECEIVED OR PAID ON THE STUDENT'S BEHALF

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student's FAFSA. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc. However, do not include support from a parent whose information was reported on the student's FAFSA. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose (Cash, Rent, Books)	Amount Received in 2015	Source

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H. ADDITIONAL INFORMATION

Please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include Federal Veterans Education Benefits, Military Housing, Combat Pay, Social Security, Supplemental Security Income (SSI), SNAP, TANF, etc.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Name of Recipient	Type of Financial Support	Amount of Financial Support in 2015

Comments: ____

I. CERTIFICATION AND SIGNATURE

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

Warning: If you purposely give false or misleading information, you may be fined, be sent to prison, or both.

Print Name: ____________________ **Student ID No.:** __________
(Student's First Name) (Student's Last Name)

Signature: ____________________ **Date:** __________
(Student)

Signature: ____________________ **Date:** __________
(Parent)

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