



Financial Aid Office

Phone: (315) 684-6289

Fax: (315) 684-6628

**Untaxed Income Verification Form**

STUDENT NAME: \_\_\_\_\_ M# \_\_\_\_\_

**Please complete the section(s) below that apply to your situation.**

**Total Dollar Amounts Received for 2015**

	<b><u>Student</u></b>	<b><u>Parent/Spouse</u></b>
*Public Assistance/Welfare	\$ _____	\$ _____
Social Security Benefits/SSI	\$ _____	\$ _____
Other Untaxable Income	\$ _____	\$ _____
VA Benefits	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Untaxed portion of health savings act. (found on line 25 of 1040)	\$ _____	\$ _____

Other: (Explain how your basic living expenses are paid for. For example, housing, food, clothing, etc.) **\*\*\*Please provide documentation on any item that you have listed as income\*\*\***

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**\* Do not include food stamps or HUD / Section 8 awards for housing**

