



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 2016

	<u>Student</u>	<u>Parent/Spouse</u>
*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*****

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

