



2019-2020 Student Other Untaxed Income Form

Name: _____ ID#: 770- _____

E-Mail: _____ Phone#: _____

You have been selected for a process called "Verification." In this process, we are required to compare the information from your FAFSA with the information provided on this form. Complete all questions and submit the completed form to the Financial Aid Office.

Note: Aid cannot be disbursed until all the requested documentation is received and reviewed. Please be sure to check your MyHC account for additional requested documentation.

In 2017, what was the total untaxed income you (and your spouse, if married) received from sources below:
Enter \$0 if any of the following items do not apply.

1. Payments to tax-deferred pension and retirement savings plans (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. Don't include amounts reported in code DD. \$ _____

(Do not include IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17.)

2. Child support received for any of your children. \$ _____

3. 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. \$ _____

4. Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ _____

5. Other untaxed income not reported in items, such as workers' compensation, disability, etc. \$ _____
(Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment 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.)

6. Money received or paid on your behalf: \$ _____

By signing this worksheet you certify that the information provided is true and complete to the best of your knowledge and reflects the most accurate report of your household's ability to contribute to your 2019/20 educational expenses.

Student Signature: _____ Date: _____



2019-2020 Student Other Income Form

Name: _____ ID#: 770- _____

E-Mail: _____ Phone#: _____

You have been selected for a process called "Verification." The income entered on the FAFSA does not appear to be adequate to support you and/or your family if you have dependents. In order to resolve this discrepancy, please list the sources of your income below and submit this completed form to the Financial Aid Office.

List the sources of your household's support which explains how your household's bills (housing, utilities, food, transportation, personal/miscellaneous) are being paid. (If applicable, include financial aid, TANF, SNAP, Earned Income credit, HUD, Social Security payments, and any other payments made to you or on your behalf.)

By signing this worksheet you certify that the information provided is true and complete to the best of your knowledge and reflects the most accurate report of your household's ability to contribute to your 2019/20 educational expenses.

Student Signature: _____ Date: _____

Helena College Financial Aid Office | 1115 North Roberts Street, Helena, MT 59601
(406) 447-6916 | FinancialAid@HelenaCollege.edu