



## Review of Other Income During 2015

Student Name: \_\_\_\_\_ Social Security: XXX-XX Student ID: \_\_\_\_\_  
 (last four digits only)

Your Free Application for Federal Student Aid (FAFSA) has been flagged by the U.S. Department of Education due to conflicting financial information reported for 2015. The U.S. Department of Education requires that Tidewater Community College collect information about any untaxed income and/or additional financial information that you, your spouse (and your parents if a dependent student) received to support your (or your parent's if a dependent student) household during 2015. Federal law stipulates that schools maintain the right to review this information before awarding federal aid, in order to comply with federal regulations. Any errors on your FAFSA that are discovered after review of this form will be corrected electronically by Tidewater Community College with the U.S. Department of Education and further documentation may be required.

**Please select the applicable statement below and complete the form accordingly:**

\_\_\_\_\_ I, the student, was required to provide 2015 parent income information on the FAFSA. The answers on this form reflect information for me and/or my parents.

\_\_\_\_\_ I, the student, was not required to provide 2015 parent income information on the FAFSA. The answers on this form reflect information for me and/or my spouse.

**Please Note:** Please list annual amounts of untaxed income below. 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 it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month to report the annual amount.

**A. Payments to tax-deferred pension and retirement savings:** List any payments (direct or withheld from earnings) 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 Payment	Total Amount Paid in 2015

**B. Child Support received:** List the actual amount of 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 paid.

Name of Adult who Received Child Support	Name of Child for Whom Support was Received	Total Amount Paid in 2015

- C. Housing, food, and other 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 basic military allowance for housing.**

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

- D. 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 allowance. Do not include federal Veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, or Post-9/11 GI Bill.

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

- E. 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 the following items: Any items reported or excluded in A – D above, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA), educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.)**

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

- F. Money received or paid on behalf of the student, parent, and/or other members of the household listed on the Verification Worksheet:** List any money received or paid on the student and/or household member's behalf (e.g., payment of bills) and not reported elsewhere on this form. Enter the total amount of cash support received in 2015. Include support from a parent whose information was not reported on the student's FAFSA, but do not include support from a parent whose information was reported. *For example, if someone is paying rent, utility bills, etc., for a household member or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is the student's parent whose information is reported on the student's FAFSA. Amounts paid on the household member's behalf also include any distributions 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 (e.g., cash, rent, books, etc.)	Amount Received in 2015	Source

- G. Child Support Paid:** List the actual amount of child support paid in 2015 because of divorce or separation or as a result of a legal requirement. **Don't include** support for children in your household.

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

- H. Taxable earnings from need-based employment programs,** such as Federal Work-Study and need-based employment portions of fellowships and assistantships.

Name of Recipient	Type of Taxable earnings	Amount of Taxable earnings Received in 2015

- I. Taxable college grant and scholarship aid reported to the IRS in your adjusted gross income.** Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.

Name of Recipient	Type of taxable grant and/or scholarship	Amount of Taxable grant and/or Scholarship in 2015

- J. Combat pay or special combat pay.** Only enter the amount that was taxable and included in your adjusted gross income. **Don't include** untaxed combat pay.

Name of Recipient	Amount of Taxable Combat Pay Received in 2015

**K. Certification and Signature**

*By signing this form, I certify that all of the information, income, and support received has been reported and is true and correct. I acknowledge that I am aware that purposely giving false or misleading information in order to obtain financial aid is punishable by a fine of up to \$20,000, imprisonment, or both.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit the completed form to your Campus Financial Aid Office or upload it to TCC's Financial Aid Document Submission Portal: <https://www.tcc.edu/document-portal>