

## 2018-2019 Income Level Verification for 2016

The U.S. Department of Education selected your student's 2018-2019 FAFSA for review. You or your parent(s) reported zero income on the FAFSA for 2016. You are required to complete this form for review of any untaxed income that may have been used to support your or your parent's household. Review the instructions below, complete the form accordingly, and submit to the Financial Aid Office along with other required documentation.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Last Four SSN

Select applicable statement and complete form accordingly:

<input type="checkbox"/> I, the student, was required to provide parental information on the 2018-2019 FAFSA. The answers on this form reflect information for me and/or my parents.	<input type="checkbox"/> I, the student, was <b>not</b> required to provide parental information on the 2018-2019 FAFSA. The answers on this form reflect information from me and/or my spouse, if married.
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**IMPORTANT INFORMATION:**

- If any item does not apply, enter "N/A" for Not Applicable where a response is requested or enter 0 (zero) in an area where an amount is requested.
- The amounts reported must be the total yearly amount.

A. **Federal and other Benefits received in 2016 or 2017:** Please select any of the benefits listed below or list any other benefits that you or someone in your household received.

Federal Benefits Received 2016 or 2017	Name of Recipient	Amount Received
<input type="checkbox"/> Medicaid		
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Free or Reduced Price School Lunch		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)		

Other Benefits Received for 2016: List each benefit	Name of Recipient	Amount Received

B. **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 2016

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Student Name

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Student ID

**C. Child support received:**

List the actual amount of any child support received in 2016 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 the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2016

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**D. 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 the value of a basic military allowance for housing.**

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2016

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**E. Veterans non-education benefits:**

List the total amount of veterans non-education benefits received in 2016. 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, Post-9/11 GI Bill**

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2016

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**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 on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2016

**G. STUDENT ONLY: 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 2016. ***Include support from a parent whose information was not reported on the student's 2018–2019 FAFSA. Do not include support from a parent whose information was reported.*** For example, if someone is paying rent, utility bills, etc., for the student 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 2018–2019 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: e.g., Cash, Rent, Books	Amount Received by <u>student</u> in 2016	Source
SAMPLE Cell Phone Bill	\$600.00	Father

**Additional information:**

So that we can fully understand the student's family's financial situation, please provide below information about any other financial support that was received for 2016 that has not already been listed. If more space is needed, provide a separate page with the student's name and ID number at the top.

**Additional details: Please provide details of financial support for 2016 not reported in any other section of this form**

**Certification and Signature:** Each person signing this form certifies that all the information reported here is complete and correct. The student must sign and date below. If the student is a dependent student for the purpose of applying for Federal Student Aid, then the parent signature and date is also required.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Required only if student is Dependent)

\_\_\_\_\_  
Date

**HOW TO SUBMIT THIS FORM**

The student can upload this form directly into the Student Information System (SIS) by logging into MY VWCC. Once logged in go to the Student Center, and select the 'VWCC No Income Verification' on the 'To Do List' list to attach and upload the form.

For questions, please contact us: Phone: (855) 874-6690 ♦ Email: [Finaid@virginiawestern.edu](mailto:Finaid@virginiawestern.edu) ♦ Fax: 540-857-6208