2015-2016
Untaxed Income Verification Form

Student Name:_________________________________________    Student ID: _______________________

- Student: Provide the amount of untaxed income you (and your spouse) received from the 2014 calendar year using the table below. Complete all sections even if they are not applicable.
- Parent(s): Provide the amount of untaxed income the parent(s) received for the 2014 calendar year using the table below. Complete all sections even if they are not applicable.

<table>
<thead>
<tr>
<th>Calendar Year 2014</th>
<th>Student (&amp; spouse if applicable)</th>
<th>Parent(s) (&amp; stepparent, if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing, food and other living allowances paid to members of the military, clergy and others in 2014 (including cash payments and cash value of benefits, but not including education benefits). <strong>Don't include</strong> the value of on-base military housing or the value of a basic military allowance for housing.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Veterans non-education benefits such as Disability, Death Pension, or Dependency &amp; Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other untaxed income such as workers compensation, disability, etc. Include the untaxed portions of health savings accounts from IRS. <strong>Don't include</strong> extended foster care benefits, student aid, earned income credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or military housing allowance, combat pay, or benefits from flexible spending arrangements.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

*By signing this form I affirm that all information listed above is complete and accurate to the best of my knowledge. I understand that I may need to provide additional documentation to support my responses. I understand that any misrepresentation or false information may result in denial of financial aid.*

Student Signature:_________________________________________    Date: ________________

Parent Signature:_________________________________________    Date: ________________

(Required for Dependent Students)

SUNY Ulster County Community College
Financial Aid Office
491 Cottekill Road
Stone Ridge, N.Y. 12484
(845) 687-5058 / Fax (845) 687-5172