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A STATE UNIVERSITY OF NEW YORK COMMUNITY COLLEGE

2024-2025 Untaxed Income Verification Form

Student Name: _____ Student ID (U#): _____

- Student: Provide the amount of untaxed income you (and your spouse) received from the 2022 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 2022 calendar year using the table below. Complete all sections even if they are not applicable.

Calendar Year 2022	Student (& spouse if applicable)	Parent(s) (& step-parent, if applicable)
Housing, food and other living allowances paid to members of the military, clergy and others in 2022 (including cash payments and cash value of benefits, but not including education benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	$	$
Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	$	$
Other untaxed income such as workers compensation, disability, etc. Include the untaxed portions of health savings accounts from IRS. Don't include 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.	$	$
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.	$	$

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)