CALIFORNIA STATE UNIVERSITY
Stanislaus
FINANCIAL AID AND SCHOLARSHIP OFFICE

One University Circle, Turlock, CA 95382
Telephone (209) 667-3336 Fax (209) 664-7064

Student Name:_____

Print Clear Form

ID#_____

www.csustan.edu/financialaid

VERIFICATION OF PARENT UNTAXED INCOME (Calendar Year 2018)

The following information is required to continue processing your student's 2020 – 2021 financial aid application. Please complete this form and return it to the Financial Aid & Scholarships Office.

1. You must complete all items on this form. If any items are left blank or are illegible – the form will not be processed.
2. ***Use black OR dark blue ink only***. Please type or print clearly.
3. If the PARENT reported their marital status as either "**Married**" or "**Unmarried and both parents living together**" – the PARENT must list combined totals for both parents. Both parents must also sign the form.
4. Attach a separate page if additional space is needed. Be sure to list the students name and ID at the top of the page.
5. If clarification of your situation is necessary, additional information or documentation may be required.

PAYMENTS TO TAX-DEFERRED PENSION and RETIREMENT SAVINGS (e.g., 401(k) or 403(b) plans)

- Did the PARENT(s) make a payment to a tax-deferred pension or a retirement savings account in 2018?
  ☐ YES ☐ NO
  - ***If YES***:
    - What is the total dollar amount paid/contributed in 2018? $_____
    - ***Attach copies of ALL W-2's (REQUIRED)***

CHILD SUPPORT RECEIVED

- Did your PARENT(s) ***RECEIVE*** any child support during 2018? (**DO NOT INCLUDE** foster care or adoption payments) ☐ YES ☐ NO
  - ***If YES***, complete ALL Information in the chart below:

Name of ADULT Who Received the Support	Name of CHILD for whom Support was Received	TOTAL Dollar Amount Received in 2018
		$
		$
		$

OTHER UNTAXED INCOME

At any time during the 2018 or 2019 did your PARENT(s) receive any of the following types of assistance or benefits?

☐ WIC ☐ Food Stamps ☐ SNAP ☐ TANF

☐ Other: _____ ☐ SSI ☐ None

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OTHER UNTAXED INCOME

- In the chart below, list the amount of other untaxed income not reported (and not excluded) elsewhere on this form. Include untaxed income such as worker's compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 (Line 25), Railroad Benefits, etc.
  - ***DO NOT INCLUDE*** any items already reported (or excluded) on this form. In addition, DO NOT include 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**	**Total Dollar Amount Received in 2018**
		$
		$
		$
		$

EXPLANATION OF INCOME

- Please provide an explanation on how your PARENT(s) expenses were met for the 2018 year. Please add any clarifying comments regarding your PARENT(s) financial situation that will help with our review.

Certification & Signature

By signing this worksheet, I certify that all the information reported on it is complete and correct. ***WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.***

Student Signature _____ **Date**_____

Parent 1 Signature_____ **Date**_____

Parent 2 Signature_____ **Date**_____