

WILLIAM PENN UNIVERSITY
2016-2017 Dependent Verification of Other Untaxed Income
(Must also complete Dependent Verification Form)

Your 2016-17 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. To verify that you provided correct information, William Penn University will compare your FAFSA with the information on this worksheet and any other required documents. If there are differences, your FAFSA information may need to be corrected. William Penn will make the corrections on your behalf.

You and your parent must complete and sign this worksheet, attach required documents, and submit to William Penn University. William Penn University may request additional information once the review process begins. If you have questions about verification, contact Ann Johnson at (800) 779-7366 option 2 or (641) 673-1184.

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

Send documentation by:

MAIL:

William Penn University
Office of Financial Aid
201 Trueblood Avenue
Oskaloosa , IA 52577

OR

FAX:

641-673-1115

OR

EMAIL:

johnsona@wmpenn.edu

Last Name

First Name

M.I.

Social Security Number (Optional)

Address (include apt. #)

City

State

Zip Code

Date of Birth

E-mail Address

Daytime Phone Number and /or Cell Number (Include Area Code)

If any item does not apply, enter "N/A" or Not Applicable where a response is requested, or enter a 0 (zero) in an area where an amount is requested. If the student was required to provide parental information on the FAFSA, answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA. To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, add together the amounts you paid or received each month during 2015.

A. Payments to tax-deferred pensions and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pensions 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. **You must provide copies of W-2(s).**

Name of Person Who Made the Payment	Annual amount paid in 2015
Total payments to tax-deferred Pensions and Retirement Savings	\$

B. Child support received

List the actual amount of any 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 the Support	Name of Child(ren) for Whom Support was Received	Amount of Child Support Received 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 the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount 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 allowances.

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 received in 2015

Student's name (Please print)

Parent's Name (Please print)

E. Other untaxed income

List the amount of other untaxed income not reported and not included elsewhere on this form.

Include untaxed income such as workers' compensation, disability benefits, 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 included in A-D above. In addition, do not include student aid, 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 2015

F. 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 2015. Include support from a parent whose information was not reported on the student's 2016-2017 FAFSA, but 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 2016-2017 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	Source	Annual Amount Received in 2015

Student's Name (Please Print)

Parent's Name (Please Print)

G. Additional Information

Provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things federal veterans education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015

Comments:

H. Certification and Signature

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct.

Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

Student's Name (Print Name)

Date of Birth

Student's Signature

Date

Parent's Signature

Date