

C. 2017 CALENDAR YEAR UNTAXED BENEFITS: Do not leave blanks. Enter zero for those benefits that do not apply to you. Amounts should be reported in annual (**yearly**) increments.

| DO NOT INCLUDE UNTAXED SOCIAL SECURITY BENEFITS | STUDENT | PARENT |
|--|----------------|---------------|
| Payments to Tax Deferred Pension or Savings Plans (Box 12a-12d on W-2, only codes D, E, F, G, H, and S) <u>Please provide copy of W2</u> | \$ | \$ |
| Child Support RECEIVED for all Children. Do NOT include foster care | \$ | \$ |
| Housing, food, and other living allowance paid to members of the military, clergy, and others (including cash payments and cash value of benefits) | \$ | \$ |
| Veterans' non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances | \$ | \$ |
| Cash received or money paid on your behalf (bills) not reported elsewhere on this form | \$ | \$ |
| Taxable earnings earned from Federal Work Study or other need-based programs | \$ | \$ |

D. STATEMENT OF SUPPORT

If you/your parents did not file a federal income tax return and you and your parents answered "0" to all questions in Section C, please describe below how you and/or your parents supported yourselves in 2018 and will support yourself in 2019. If you need more space, please attach a separate page. A copy of documentation to support this statement is recommended. _____

*****BY SIGNING THIS VERIFICATION WORKSHEET, WE CERTIFY ALL INFORMATION IS COMPLETE AND ACCURATE.**

STUDENT SIGNATURE _____ **DATE** _____

PARENT SIGNATURE _____ **DATE** _____