



Student Financial & Registration Services

**2016–2017 Dependent Student Verification of Other Untaxed Income**

Complete this form and return to Student Financial & Registration Services Express office within five (5) business days from the date it is received. Failure or delay in the submission of this form may lead to a delay or loss of your financial aid.

Submit this completed form to the Student Financial & Registration Services Express Office, The Culinary Institute of America, 1946 Campus Drive, Hyde Park, NY 12538, or fax to 845-905-4030, or scan and e-mail [SFRS@culinary.edu](mailto:SFRS@culinary.edu).

**SECTION I-a: Student Information**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**SECTION I-b: Parent(s) Information**

Parent 1 Full Name: \_\_\_\_\_

Parent 2 Full Name (if applicable): \_\_\_\_\_

**INSTRUCTIONS:**

- ✓ **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, **DO NOT LEAVE ANY SPACES BLANK.**
- ✓ **To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

**SECTION II: Payments to tax-deferred pension and retirement savings**

List any payments (*direct or withheld from earnings*) to tax-deferred pension 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.

Name of Person Who Made the Payment ( <i>parent and/ or student</i> )	Total Amount Paid in 2015

**SECTION III: 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 Person Who Paid the Child Support	Name of Person to Whom Received the Child Support	Name of Child for Whom Support was Paid	Amount of Child Support Received in 2015

Student Name: \_\_\_\_\_

**SECTION IV: 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
- Military or Clergy housing
- Basic military or Clergy allowance for housing

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015

**SECTION V: Veterans non-education benefits received in 2015**

List the total amount of veterans non-educational benefits received in 2015

Include:

- |                                                                                                                                                                                       |                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Disability</li> <li>Death Pension</li> <li>Dependency and indemnity compensation (DIC)</li> <li>VA educational work-study allowance</li> </ul> | <p>Veterans educational benefits such as:</p> <ul style="list-style-type: none"> <li>• Montgomery GI Bill</li> <li>• Dependents education assistance program</li> <li>• VEAP benefits</li> <li>• Post-9/11 GI Bill</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015

**SECTION VI: Other untaxed income**

List the total amount of any of the following that you or someone in your household receives:

- |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Workers Compensation</li> <li>Disability</li> <li>Black Lung benefits</li> <li>Untaxed portion of health savings accounts from IRS form 1040 line 25</li> </ul> | <ul style="list-style-type: none"> <li>TANF – Temporary Assistance to Needy Families</li> <li>Untaxed Social Security benefits</li> <li>SNAP – Supplemental Nutrition Assistance Program</li> <li>SSI – Supplemental Security Income</li> <li>WIA – Workforce Investment Act</li> <li>Railroad Retirement benefits</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Do not include** student aid, Earned Income Credit or Additional Child Tax Credit.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2015

Student Name: \_\_\_\_\_

**SECTION VII: Money received or paid on the student's AND Parent's behalf**

List any money received or paid on the student's and/or parent's behalf in 2015 by someone not included on the 2016-17 FAFSA

Include:

- Payment of student's and/or parent's bills not reported elsewhere on this form
- Cash support for the student and/or parent not reported elsewhere on this form
  - Include support from a parent, family member or other whose information was not reported on the student's 2016-2017 FAFSA
- Distributions to the student from a 529 plan owned by someone NOT listed on the 2016-17 FAFSA
- Cash gifts given to student and/or parents

For example, if someone is paying rent, utility bills, or other expenses for the student and/or parent's, or gives either of you cash, gift cards, etc., include the amount of that person's contributions.

Purpose: e.g., Cash, Rent, Personal Expenses	Amount Received in 2015	Source

**SECTION VIII: Additional information**

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household.

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:

---

---

---

---

**CERTIFICATION**

**By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. Parent and student must sign.**

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_