



Center for Student Financial Aid
California State University, Los Angeles

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2015-2016
 02/2015

For office use only:

Untaxed Income Verification Form - Parent

Instructions:

- You and at least one parent must complete and sign this form.
- Submit the form and any required documents to the Center for Student Financial Aid.

A. Student's Information

Last Name	First Name	M.I.	Campus Identification Number (CIN)
Address (include apt no.)		Date of Birth	
City	State	ZIP Code	Phone Number (include area code)

B. Parent's Untaxed Income Information

1. List any payments (paid directly 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 the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. **Do not include** amounts reported in code DD (employer contributions toward employee health benefits).

	Total Amount (January 1, 2014 to December 30, 2014)
Parent 1	\$
Parent 2	\$

2. **Child support received** for any of your children. **Do not include** foster care or adoption payments, or any amount that was court-ordered but not actually paid.

Name of person(s) who received child support	Name of child (children) for whom support was received	Total Amount Received (January 1, 2014 to December 30, 2014)
<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$ 6,000.00</i>
		\$
		\$
		\$
		\$

3. **Housing, food and other living allowances** paid to members of the military, clergy and others (including cash payments and cash value of benefits). **Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

Name(s) of recipient(s) who received benefit(s)	Type(s) of benefit(s). Please Specify.	Total Amount Received (January 1, 2014 to December 30, 2014)
		\$
		\$
		\$

4. **Veterans' non-education benefits**, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. **Do not include** federal educational benefits such as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits.

Name(s) of recipient(s) who received benefit(s)	Type(s) of non-educational benefit(s). Please Specify.	Total Amount (January 1, 2014 to December 30, 2014)
		\$
		\$
		\$
		\$

5. **Other untaxed income** not reported in items 1 through 4, such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts (IRS Form 1040—line 25), Railroad Retirement Benefits, etc. **Do not include** any items listed in in section #1-#4 above, 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 exclusions, or credit for federal tax on special fuels.

Name of recipient(s) who received untaxed income/benefit(s)	Type(s) of other untaxed income. Please Specify.	Total Amount (January 1, 2014 to December 30, 2014)
		\$
		\$
		\$
		\$

6. **Money received, or paid on your behalf** (e.g., bills), not reported elsewhere on this form. This includes money that the student received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement. Enter the total amount of cash support the student received in 2014. Include support from a parent whose information was not reported on the student's 2014–2015 FAFSA. **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 2014–2015 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 of Fund(s)	Source of Fund(s). Please Specify.	Total Amount (January 1, 2014 to December 30, 2014)
		\$
		\$
		\$
		\$

7. In order to get better understanding of the student's family's financial situation. Please provide information below of other resources, benefits and any other funds received by any family members of the student's household.

C. Please Sign and Date Below

By signing this form, we certify that all the information reported on this form is complete and correct.
The student must sign this form. If married, the spouse's signature is optional.

Student's Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Parent's Signature

Date