

2025-2026 Untaxed Income, In-Kind Support & Additional Financial Information Verification

Please complete form in blue or black ink. Incomplete forms will not be accepted.

| | |
|---------------------|-------------|
| Student Name | ID # |
|---------------------|-------------|

PARENT'S NAME (for dependent students under the age of 24): _____

To better understand your family's financial situation, please complete all sections of this form using amounts from the 2023 calendar year. If any item does not apply, enter "N/A" for Not Applicable, or enter "0" where an amount is being requested. *Please do not leave any items blank.*

| | STUDENT and/or Spouse | PARENT(s) dependent student |
|----|--|-----------------------------|
| \$ | CHECK ONE: () "Untaxed" Social Security benefits, () SS disability, () SSI. | \$ |
| \$ | Payments to tax-deferred pension and retirement savings plans. <i>(See W2 box 12a through 12d with codes D, E, F, G, H and S.)</i> | \$ |
| \$ | IRA deductions/payments made to SEP, SIMPLE, or Keogh plans. | \$ |
| \$ | Tax exempt interest income from IRS Form 1040. | \$ |
| \$ | Untaxed portions of pensions or IRA distributions received. | \$ |
| \$ | Tribal or other educational allowance. | \$ |
| \$ | Veteran's <u>Non-Educational</u> Benefits. <i>(ex. Disability, Death Pension, DIC, and VA Educational Work-Study allowances)</i> | \$ |
| \$ | Housing/food/other living allowances paid to members of the Military, clergy, and others. Source of funds: _____ | \$ |
| \$ | Child Support received for 2023. Payer: _____ | \$ |
| \$ | Other untaxed income not reported elsewhere. <i>(ex. Workers' compensation, disability, etc.)</i> Source of funds: _____ | \$ |
| \$ | Money received or paid on your behalf not reported elsewhere. | \$ |

| Basic Living Expenses | Actual Expenses 2023 | *Source of Funds or Provider of Support |
|--|----------------------|---|
| Housing Expenses <i>(rent, mortgage payments, utilities):</i> Monthly Rate \$ ___ x12 | | |
| Food: Estimate Weekly Rate \$ ___ x 52 | | |
| Transportation <i>(gas, repairs, car payment, insurance)</i> | | |
| Medical and Dental Expense <i>(Indicate whether you used parent's insurance, uninsured, or Medicaid)</i> | | |
| Daycare for: _____ | | |
| Other Expenses: _____ | | |

Please list the sources that pay each expense. Include income you received that you were not required to report on the FAFSA, such as **untaxed Social Security, SSI, Welfare Benefits, WIC, TANF, SNAP (Bridge Card), etc.*

By signing this form, you are certifying that all of the information reported is complete and correct.

Student Signature: _____ Date: _____
 Student's Spouse Signature: _____ Date: _____
 Parent's Signature: _____ Date: _____

RETURN FORM TO:
 Lake Superior State University
 Financial Aid Office
 650 West Easterday Avenue
 Sault Ste. Marie, MI 49783-1699
 Phone: 906-635-2678
 Fax: 906-635-6669 finaid@lssu.edu

Internal use **ONLY**
 Reviewed: _____
 Scanned: _____
 UNTAX-V16

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