Bunker Hill Community College
Financial Aid Office
Verification of Other Untaxed Income for 2016-2017

Last Name (Please Print) First Name Middle Initial

BHCC ID#

Address (include apartment number)

Date of Birth

City State Zip Code

Phone Number (include area code)

Please indicate the dollar amounts of any Untaxed Income received for the entire 2015 calendar year (01/01/15-12/31/15) below. If you earned $0 for a specific category, please check next to "Not applicable to me or anyone in my household". Do Not Leave Any Item Blank.

1. 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.

_____ **Not applicable to me or anyone in my household**

Name of Person Who Made the Payment	Total Amount Paid in 2015

2. Child Support Received: List the actual amount of any child support received in 2015 for the children in the household. Do not include foster care payments, adoption payments, or any amount court-ordered but not actually paid.

_____ **Not applicable to me or anyone in my household**

Name of Person Who Made the Payment	Name of Child(ren) for Whom Support was received	Total Amount Received in 2015

3. 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.

_____ **Not applicable to me or anyone in my household**

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

4. 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

_____ Not applicable to me or anyone in my household

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

5. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, 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 excluded in A – D above. In addition, do not include 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 exclusion, or credit for federal tax on special fuels.

_____ Not applicable to me or anyone in my household

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

6. 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.

_____ Not applicable to me or anyone in my household

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

Certification

By signing this form, I (we) certify all information reported to the Office of Financial Aid is complete and accurate.

At least one parent must sign this form if the student is deemed "dependent" by the U.S. Department of Education as a result of filing the Free Application for Federal Student Aid form.

_____ _____

Student's Signature Date Parent's Signature (if applicable) Date