

### 2018-2019 UNTAXED INCOME WORKSHEET - PARENT

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Email: [kcadfinaid@ferris.edu](mailto:kcadfinaid@ferris.edu)

STUDENT NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT(S) OF THE DEPENDENT STUDENT LISTED ABOVE.**

The Department of Education is requiring that you answer the following questions for the verification process.

1. Child support received for any of your children in **2016** \$\_\_\_\_\_ (Do not include foster care or adoption payments)
2. Veterans non-educational benefits received in **2016** \$\_\_\_\_\_ (Such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.)
3. Other untaxed income such as worker’s compensation, etc. received in **2016** \$\_\_\_\_\_ (Do not include SSI, untaxed Social Security, student financial aid or foster care payments)
4. Taxable Grant/Scholarship Aid received in **2016** \$\_\_\_\_\_. You indicated on your FAFSA that your adjusted gross income on your tax return included grant and/or scholarship aid. If you list an amount other than \$0, please provide a signed copy of your 2016 federal 1040 and 2016 W2(s).
5. Need based aid (work study) earned in **2016** \$\_\_\_\_\_. List the institution you received work study \_\_\_\_\_.

By signing this form, I certify that all of the above information is complete and correct. Parent must sign this form in **ink**. **Electronic or typed signatures are NOT acceptable.**

\_\_\_\_\_  
Parent Signature Date