



HARVARD EXTENSION SCHOOL

Student Financial Services • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • (617) 495-2921 fax • sfs@dcemail.harvard.edu

2017–18 Verification Worksheet: Independent Student Untaxed Income

Your 2017–18 Free Application for Federal Student Aid (FAFSA) has been selected by the US Department of Education for review in a process called Verification. We are therefore required to confirm certain information you reported on the FAFSA. We will compare your FAFSA with the information you provide below. If there are differences, we will update your FAFSA accordingly. We may ask for additional information. If you have questions about the Verification process please don't hesitate to contact our office.

A. Student Information *(for institutional identification purposes)*

STUDENT LEGAL NAME (exactly as printed on your government-issued photo ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

DCE ID NUMBER (if known)
@

See extension.harvard.edu/login if unsure

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
X X X - X X -

DATE OF BIRTH example: JAN 01 1994

Month (MMM) Day (DD) Year (YYYY)

B. 2015 Untaxed Income

Enter the combined amounts for you (and your spouse, if applicable). 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.

	AMOUNT
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.	\$

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.	\$
--	----

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.	\$
--	----

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: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits	\$
--	----

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 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.	TYPE OF OTHER UNTAXED INCOME:	AMOUNT
		\$
		\$
		\$

Continued on next page.

STUDENT LEGAL NAME (exactly as printed on your government-issued photo ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

B. 2015 Untaxed Income *(continued)*

Money received or paid on the student's (or spouse's, if applicable) behalf.	TYPE OF OTHER UNTAXED INCOME	AMOUNT
<p>List any money received or paid on your behalf (e.g., payment of bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015.</p> <p>For example, if someone is paying rent, utility bills, etc., for you or gives cash, gift cards, etc., include the amount of that person's contributions. Amounts paid on your behalf also include any distributions from a 529 plan <i>owned by someone other than the student</i>, such as grandparents, aunts, and uncles.</p>		\$
		\$
		\$
		\$

C. Student/Spousal Signature(s)

By signing this worksheet, I (we) certify that all of the information reported above is complete and correct.

Student's signature _____ Date _____

Spouse's name (if applicable) (please print) _____

Spouse's signature (if applicable) _____ Date _____

Return completed form to:

Student Financial Services Office, Harvard Extension School, 51 Brattle Street, Cambridge, MA 02138-3722

or fax it to:
(617) 495-2921