

STUDENT NAME (Please Print)

ID NUMBER

Verification of Untaxed or Aggregate Income (V5)

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.

- Dependent students: Answer each question below as it applies to the **student AND the student’s parent(s)** whose information is on the FAFSA.
- Independent students: Answer each question below as it applies to the student (and the student’s spouse, if married) whose information is on the FAFSA.

A. Payments to tax-deferred pension and retirement savings in 2024

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.

NAME OF PERSON WHO MADE THE PAYMENT	TOTAL AMOUNT PAID IN 2024

B. Child support received

List the actual amount of any child support received in 2024 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.

NAME ADULT WHO RECEIVED THE SUPPORT	NAME OF CHILD FOR WHOM SUPPORT WAS RECEIVED	AMOUNT OF CHILD SUPPORT RECEIVED IN 2024

C. Housing, food, and other living allowances paid to members of the military, clergy, & others in 2024

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.

NAME OF RECIPIENT	TYPE OF BENEFIT RECEIVED	AMOUNT OF BENEFIT RECEIVED IN 2024

D. Veterans non-education benefits in 2024

List the total amount of veterans non-education benefits received in 2024. 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.

NAME OF RECIPIENT	TYPE OF VETERANS NON-EDUCATION BENEFIT	AMOUNT OF BENEFIT RECEIVED IN 2024

E. Other untaxed income in 2024

List the amount of other untaxed income not reported and not included 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.

NAME OF RECIPIENT	TYPE OF OTHER UNTAXED INCOME	AMOUNT OF OTHER UNTAXED INCOME RECEIVED IN 2024

F. 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 2024. Include support from a parent whose information **was not** reported on the student's 2026-2027 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 2026–2027 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 grand-parents, aunts, and uncles.

PURPOSE: E.G., CASH, RENT, BOOKS	AMOUNT RECEIVED IN 2024	SOURCE

Additional information:

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans education benefits, military housing, SNAP, TANF, etc. If more space is needed, provide a separate page.

NAME OF RECIPIENT	TYPE OF FINANCIAL SUPPORT	AMOUNT OF FINANCIAL SUPPORT RECEIVED IN 2024

Comments: _____

Certification: By signing this worksheet, I (we) certify all the information reported here is complete and correct.

STUDENT SIGNATURE	DATE	STUDENT NAME (Please Print)
PARENT OR SPOUSE SIGNATURE (If student is dependent/independent or married)	DATE	PARENT OR SPOUSE NAME (Please Print)