

Income and Resources Used for Student Support During 2019

Student's Name: _____

Student ID: _____

Your Free Application for Federal Student Aid (FAFSA) information shows conflicting information or you reported unusually low income for the 2019 calendar year. The Federal Government requires colleges to check the accuracy of the information provided on your FAFSA. You must return the information requested on this form or you will not be considered for federal financial aid.

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 (zero) in an area where an amount is requested.

If you were required to provide parental information on the FAFSA, answer each question below as it applies to you and your parent(s) whose information is on the FAFSA.

If you were not required to provide parental information on the FAFSA, answer each question below as it applies to you (and your spouse, if married).

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2019, multiply that amount by the number of months in 2019 you paid or received that amount. If you did not pay or receive the same amount each month in 2019, add together the amounts you paid or received each month during 2019.

If more space is needed, provide a separate page with your name and ID number at the top.

A. 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. Don't include amounts reported with code DD (employer contributions toward employee health benefits).

Name of Person Who Made the Payment	Annual Amount Paid in 2019
Total payments to tax-deferred pension and retirement savings	\$

B. Child support received

List the actual amount of any child support received in 2019 for the children in your household.

Do not include foster care payments, adoption payments, or any court-ordered amount not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Annual Amount of Child Support Received in 2019
Total amount of child support received		\$

Lewis-Clark State College is an Equal Opportunity Provider, all forms are available in alternative formats to assist persons with disabilities. Please give reasonable notice to the Financial Aid Office. TTY 800-377-3529

C. Child support paid

Provide in the space below the name(s) of the person(s) who paid child support, the name(s) of the person(s) to whom child support was paid, the name(s) and ages of the child(ren) for whom child support was paid, and the total annual amount of child support that was paid in 2019 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support was Paid	Annual Amount of Child Support Paid in 2019
Total amount of child support received			\$

D. Housing, food, and other living allowances paid to members of the military, clergy, and others.

Include cash payments and/or the case 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	Annual Amount of Benefits Received in 2019
Total amount of benefits received		\$

E. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2019. 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.

Name of Recipient	Type of Veterans Non-education Benefit	Annual Amount of Benefits Received in 2019
Total amount of benefits received		\$

F. 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 benefits, 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-E above. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or military housing allowance, combat pay, benefits from flexible spending accounts (eg. HCFSA or DCFSA health care flexible spending accounts), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Annual Amount of Other Untaxed Income Received in 2019
Total amount of other untaxed income		\$

G. 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 or excluded elsewhere on this form. Enter the total amount of cash support the student received in 2019. Include support from a parent whose information was not reported on the student's 2021-2022 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 2021-2022 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.

Purpose: e.g., Cash, Rent, Books	Source	Annual Amount Received in 2019
Total amount received		\$

Additional information:

So that we can fully understand your family's financial situation, please provide below information about any other resources, benefits, and other amounts received by you and any members of your 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 includes such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with your name and ID number at the top.

Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2019
Total amount of financial support received		\$

Comments:

Signatures:

Each person signing this worksheet certifies all of the information reported is complete and correct.

Student's Signature _____ Date _____

Parent's Signature (dependent students only) _____ Date _____