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Last Name

First Name

Middle Init.

## Verification of Income Form

If there has been a change in your parents' financial circumstances that will result in a difference between your expected income and what is reflected on the tax returns submitted with your aid application, please provide the following information:

**Year parent's earnings situation changed:** \_\_\_\_\_ **Month parent's earnings situation changed:** \_\_\_\_\_

### Taxable Income (for year referenced above)

Parent 1's **gross** work income: \$ \_\_\_\_\_ (Please provide W2 or last pay statement)

Parent 2's **gross** work income: \$ \_\_\_\_\_ (Please provide W2 or last pay statement)

Severance compensation: \$ \_\_\_\_\_ (Please provide copy of severance agreement)

Unemployment compensation: \$ \_\_\_\_\_ (Please provide copy of unemployment statement)

Interest and dividend income: \$ \_\_\_\_\_

Business or real estate income: \$ \_\_\_\_\_

Taxable IRA/pension/annuity distribution: \$ \_\_\_\_\_

Other taxable income (such as state tax refunds, alimony, capital gain, taxable social security, etc.):  
Please identify: \_\_\_\_\_ \$ \_\_\_\_\_

### Untaxed Income (for year referenced above)

Untaxed Social Security benefits: Child \$ _____	Workers' Compensation: \$ _____
Support received for all children: \$ _____	Housing & living allowances paid to clergy, military, etc.: \$ _____
Your contributions to tax-deferred retirement plans: (401k, 403b, 457, 414h, etc.) \$ _____	Other untaxed income (such as tax exempt interest, TANF/Welfare benefits, untaxed portions of Pensions (excluding "rollovers"), etc.): \$ _____
Untaxed disability income: \$ _____	

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**Please provide official documentation to support the information you have provided.**

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I/We certify the information listed above is a complete and accurate breakdown of all income, taxed and untaxed. I/We further certify that if any of the above information changes, I/we will immediately notify the Financial Aid Office in writing of the changes.

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

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