



**MISSISSIPPI STATE UNIVERSITY™**  
STUDENT FINANCIAL AID

Post Office Box 6035  
Mississippi State, MS 39762-6035  
Email: SFADocuments@msstate.edu

**2016-2017**  
**Student Untaxed Income/Resources Verification**

Student's Name

(9 digit) MSU ID

*Your 2016-2017 FAFSA has been flagged for "Verification of Other Untaxed Income for 2015" by the U.S. Department of Education because you, and/or your parent and spouse, if you are married, reported **NO INCOME** or **UNUSUALLY LOW INCOME** to sustain the number of members in your household.* The Department of Education uses the updated Federal poverty guidelines to determine the calculation of your estimated family contribution for the 2016-2017 award year. We are required to verify your **2015 untaxed income** for federal financial aid purposes. To prevent delay of your financial aid process and awards, please follow the instructions below, and submit this form and required documents to our office. *Incomplete forms will be returned and processing time will be delayed.*

**What you should do:**

1. Complete **ALL** sections of this form and return to the address above.
2. **You must attach a copy of all 2015 W-2 Forms before submitting if income was earned during the 2015 calendar year.**
3. Answer each question below as it applies to the **student** (and the **student's spouse**, if married) whose information is on the FAFSA.
4. If any item does not apply, enter "N/A" where a **response** is requested, or enter 0 where an **amount** is requested.
5. ***IF your answer is \$0 or N/A for all of the questions below, you must attach a detailed letter of explanation, signed by the student, as to how your family was financially supported during the 2015 calendar year.***
6. Enter the total 2015 **annual** amount you paid or received for each item. Determine annual amount by adding together the amount you paid or received each month (January through December 2015).
7. We may request additional documentation. Regularly check your financial aid status online by logging into your MSU MyState Portal: <https://my.msstate.edu/cp/home/displaylogin>

**A. Payments to tax-deferred pension and retirement savings**

List 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 2015 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 2015 |
|--------------------------------------|---------------------------|
|                                      |                           |
|                                      |                           |
|                                      |                           |

**B. 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.

| Name of Adult Who Received the Support | Name of Child For Whom Support Was Received | Amount of Child Support Received in 2015 |
|--|---|--|
|  |   |  |
|  |   |  |
|  |   |  |

**C. 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.

| Name of Recipient | Type of Benefit Received | Amount of Benefit Received in 2015 |
|-------------------|--------------------------|------------------------------------|
|                   |                          |                                    |
|                   |                          |                                    |
|                   |                          |                                    |

**D. Veterans non-education benefits**

List 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 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 2015 |
|-------------------|--|------------------------------------|
|                   |  |                                    |
|                   |  |                                    |

**E. Other untaxed income**

List 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** student aid, Earned Income Credit, Additional Child Tax Credit, 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 2015 |
|-------------------|------------------------------|---|
|                   |                              |   |
|                   |                              |   |

**F. Money received or paid on the student's behalf**

List any money received/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 2015. **Include** support from a parent whose information was not reported on the student's 2016-2017 FAFSA, but **do not include** support from a parent whose information was reported on the FAFSA.

*For example, if someone is paying child support, 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 2016-2017 FAFSA.** Amounts paid on student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or student's parents, such as grandparents, aunts, and uncles of the student.*

| Source | Purpose: e.g., Cash, Rent, Books | Amount Received in 2015 |
|--------|----------------------------------|-------------------------|
|        |                                  |                         |
|        |                                  |                         |

**G. Additional Information**

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 *alimony, unemployment compensation, federal veterans' education benefits, SNAP, TANF, WIC, child care subsidy, housing assistance, medical, etc.*

| Name of Person Who Received Support | Amount Received in 2015 | Type of Financial Support |
|-------------------------------------|-------------------------|---------------------------|
|                                     |                         |                           |
|                                     |                         |                           |

**Certification Statement**

By signing this form, I certify that all of the information on this form and any attachments are complete and accurate to the best of my knowledge. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_