



Student Name _____

Social Security # _____

**2002-2003 INDEPENDENT STUDENT
UNTAXED INCOME FORM**

The Monroe Community College Financial Aid Office needs you and/or your spouse (if married) to clarify information as reported by you on Worksheets A and B of your Free Application For Federal Student Aid (FAFSA).

Both tax filers and non-tax filers must list any untaxed income received in 2001. Be sure to enter zero or 0 if no funds were received. Failure to complete this form will delay the processing of your financial aid.

Student	Calendar Year 2001	Spouse
	FAFSA WORKSHEET A:	
\$	Welfare benefits, including Temporary Assistance for Needy Families (TANF). Don't include food stamps. Please list total annual amount.	\$
\$	Social Security benefits received that were not taxed (such as SSI or SSD). Please list total annual amount.	\$
	FAFSA WORKSHEET B:	
\$	Payments to tax-deferred pensions and savings plans (paid directly or withheld from earnings) including, but not limited to, amounts reported on W-2 Form Box 12a - 12d, codes D, E, F, G, H, and S. Include untaxed portions of 401(k) and 403(b) plans.	\$
\$	Child support received for all children. Don't include foster care. Please list total annual amount.	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$
\$	Veterans' non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances.	\$
\$	Any other untaxed income or benefits, not reported elsewhere, such as workers' compensation, disability, untaxed portions of railroad retirement benefits, Black Lung Benefits, Refugee Assistance, etc. Don't include student aid, WIA benefits, or benefits from flexible spending arrangements, e.g., cafeteria plans.	\$
\$	Cash or any money paid on your behalf, not reported elsewhere on this form.	\$
	Enter Total Amount for Each Column Reported.	

D. Sign This Worksheet

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

_____ Date _____
Student's Signature

Return to: *Financial Aid Office, Monroe Community College, 1000 E Henrietta Road, Rochester, NY 14623.*