

HUMBOLDT STATE UNIVERSITY

Verification of Other Untaxed Income Dependent Student – 2018/2019

STUDENT NAME: _____

HSU ID # _____

Your student’s financial aid application was selected for a process called “verification.” Your 2018-2019 FAFSA information will be compared to this worksheet and any other information you provide. Upon completion of this review, we will send corrections as needed to the federal processing center. No aid will be awarded until we receive and review these documents.

The income you reported on the FAFSA is unusually low. We are required to verify how your family met your household living expenses. Please follow these instructions:

- 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.
- Answer each question below as it applies to the student and the student’s parent(s) whose information is on the FAFSA.
- If more space is needed, add to the comment section below.

In 2016 did you or anyone in your household receive any of the following benefits?

Check all boxes that apply.

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Social Security benefits | Annual amount received: \$ _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI) | Annual amount received: \$ _____ |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | Annual amount received: \$ _____ |
| <input type="checkbox"/> Food Stamps/SNAP | Annual amount received: \$ _____ |
| <input type="checkbox"/> WIC | Annual amount received: \$ _____ |

2016 Annual Income and resources (Jan. 2016-Dec. 2016)	2016 Annual Living Expenses (Jan. 2016- Dec. 2016)	
	Student	Parent
Earnings from employment	\$ _____	\$ _____
Unemployment Benefits		
Disability /Workers Comp Benefits		
Payments to tax-deferred pension and retirement savings (e.g., 401(k) or 403(b) plans)		
Child support received		
Housing, food, and other living allowances paid to members of the military, clergy, and others		
Veterans’ non-education benefits such as Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.		
Cash support from others		
Other income (please specify)		

Return to: Financial Aid Office ▪ 1 Harpst Street ▪ Arcata, CA 95521 ▪ Phone: (707) 826-4321
Toll free: (866) 255-1390 ▪ FAX: (707) 826-5360 ▪ finaid@humboldt.edu

Please provide information below about how you met your family living expenses. Include 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. Additional pages may be added:

Signatures are required for all persons reporting income above.

I (we) certify that all information on this form is accurate and complete to the best of my (our) knowledge.

Parent Signature

Date

Student Signature

Date