



FINANCIAL AID OFFICE

20__ UN-TAXED INCOME VERIFICATION

This form must be completed by the Agency issuing payments.

After completion, please return this form to the Financial Aid Office (Room-MB-10) with your completed application(s) for financial aid. This information is necessary in order to determine your eligibility for financial aid.

STUDENT'S NAME: _____ **SS#:** _____

NAME OF PAYEE: _____

TYPE OF PAYMENT (Check one):

- Public Assistance: } Aid to Dependent Children (ADC)
- Home Relief (HR)
- Social Security benefits (SSA)
- Supplemental Security Income (SSI)
- Disability
- Other: _____

EFFECTIVE DATE: _____ **TERMINATION DATE:** _____

The total funding provided from January _____ thru December _____ for this STUDENT/FAMILY was \$ _____ (Rent Allowance must be included).

The following persons were included when calculating the amount of the payment:

NAME	NAME
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

PAYMENTS were made (Check one): Weekly Semi-monthly Monthly Lump-sum

The Current payment for this STUDENT/FAMILY is \$ _____.

The following persons are included when calculating the amount of the payment:

NAME	AMOUNT	NAME	AMOUNT
1. _____	\$ _____	4. _____	\$ _____
2. _____	\$ _____	5. _____	\$ _____
3. _____	\$ _____	6. _____	\$ _____

Title: _____ Agency Title: _____
 Signature: _____ AGENCY SEAL/STAMP*
 Date: _____

*If Agency has no official seal or stamp, please attach a statement on the **Agency stationery**. Untaxed#2