

## 2023-2024 Untaxed Income Verification

Financial Aid Office • 4001 W. McNichols Rd. • Detroit, MI 48221 Phone: 313-993-3350 • Fax: 313-993-3347 • finaid@udmercy.edu

| Student Name:  | ID:  |                           |   |  |
|--|--|---------------------------|---|--|
| Please complete the following form regards to you please list "N/A"  Dependent Students: Answer each | for Not Applicable. Th   | is form must be comp      | leted entirely.                               |  |
| A. Payments to tax-deferred pension  | and retirement savin   | ngs:                      |   |  |
| List any payments (direct or withheld from 403(b) plans. This should include amounts                 | <b>O</b> ,   |                           |   |  |
| Name of Person who Made Payment  |  | Total Amount Paid in 2021 |   |  |
|  |  |                           |   |  |
| B. Child Support Received  |  |                           |   |  |
| List the actual amount received in 2021 from includes anyone receiving child support in y            | your parent's household.   |                           | , ,   |  |
| Name of Child that Support was for   | ents, adoption payments or any amount that was court order  Name of Adult who Received Support |                           | Amount Received in 2021                       |  |
| 11   |  |                           |   |  |
|  |  |                           |   |  |
|  |  |                           |   |  |
| C. Housing, food, and other living a   | llowances paid to me   | embers of the milita      | ary, clergy, and others                       |  |
| Include cash payments and/or the cash value  |  |                           | <i>,</i>                                      |  |
| · ·  | n-base military housing or the   | v v                       | _ ~ ~   |  |
| Name of Recipient  | Type of  | Benefit                   | Amount Received in 2021                       |  |
|  |  |                           |   |  |
|  |  |                           |   |  |
| D. Veteran's non-education benefits  | ·  |                           |   |  |
| List the total amount of veteran's non-educ<br>Dependency and Indemnity Compensation                 |  |                           | 3 -   |  |
| Do not include: federal veteran's educational benefits su  |  |                           | <u>.                                     </u> |  |
| Name of Recipient  | Type of Veterans No.   | n-Education Benefit       | Amount Received in 2021                       |  |
|  |  |                           |   |  |
|  |  |                           |   |  |

| E. Other untaxed income   |   |  |
|---|---|--|
| List the amount of other untaxed income n   | ot reported elsewhere on this form. Include   | untaxed income such as workers'  |
|   | its, untaxed portions of health savings accou   | nts from IRS Form 1040 Schedule  |
| 1 - I.i   | ne 25, Railroad Retirement Benefits, etc.   |  |
| Supplemental Security Income (SSI), Workforce Investme  | nal Child Tax Credit, Temporary Assistance to Needy Fami<br>nt Act (WIA) educational benefits, combat pay, benefits from  |  |
|   | ign income exclusion, or credit for federal tax on special fuels.   |  |
| Name of Recipient   | Type of Other Untaxed Income  | Amount Received in 2021  |
|   |   |  |
|   |   |  |
|   |   |  |
| F. Money received or paid on the stu-   | dent's behalf   |  |
| form. Enter the total amount of cash supporting information was not reported on the student information was reported. For example, if s cards, etc., include the amount of that person is reported on the student's 2023-24 FAFSA | lent's behalf (ex. payment of student's bills) out the student received in 2021. Include support's 2023-24 FAFSA, but do not include suppomeone is paying rent, utility bills, etc., for ton's contributions unless the person is the student's behalf also extend that the student or the student's pare | port from a parent whose port from a parent whose he student or gives cash, gift udent's parent whose information o include any distributions to the |
| Purpose: (Cash, Rent, Books etc.)   | Source  | Amount Received in 2021  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| G. Additional Information   |   |  |
| of the student's household. This may include ite  | ner resources, benefits, and other amounts receivens that were not required to be reported on the as federal veteran's education benefits, military h   | e FAFSA or other forms submitted to  |
| Name of Recipient   | Type of Financial Support   | Amount Received in 2021  |
|   | 12  |  |
|   |   |  |
|   |   |  |
| Comments:   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| Sign this Worksheet   |   |  |
| I attest that all of the information provided   | on this form is correct.  |  |
| -   |   |  |
| Student Signature:  | Date:   |  |
| Parent Signature:   | Date:   |  |
| (dependent students only)   |   |  |
|   |   |  |

ID: