



Hinds Community College  
Office of Financial Aid

**2015-2016**

**Verification of Other Untaxed Income for 2014**

Please read carefully and answer all questions as it relates to you.

**A. STUDENT INFORMATION**

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security # or ID#	
Address (Include apt. no.)		Student's Date of Birth	Student's Email Address	
City	State	Zip Code	Student's Phone Number	Student's Cell Number

If any item does not apply, enter "N/A" for not applicable where a response is requested, or enter 0 in any area where an amount is requested.

If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

**B. PAYMENTS TO TAX- DEFERRED PENSION AND RETIREMENT SAVINGS**

List any 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 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 2014

**C. CHILD SUPPORT RECEIVED**

List the actual amount of any child support received in 2014 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 2014

**Hinds Community College Notice of Non-discrimination Statement:**

Hinds Community College is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice President, Utica Campus, 34175 Hwy. 18, Utica, MS 39175; 601.885.7001.

**Disability Support Services Statement:**

Hinds Community College provides reasonable and appropriate accommodations for students with disabilities. Disability Services staff members verify eligibility for accommodations and work with eligible students who have self-identified and provided current documentation. Students with disabilities should schedule an appointment with the designated Disability Services staff member on their respective campus to establish a plan for reasonable, appropriate classroom accommodations.

Student's Last Name

Student's First Name

Student's M.I.

ID# or SS#

**D. HOUSING, FOOD**, include cash payments and/or the case 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 2014

**E. VETERANS NON-EDUCATION BENEFITS**

List the total amount of veterans' non-education benefits received in 2014. Include Disability Death Pension, dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

Do not include federal veterans' education benefits such as: Montgomery GI Bill, VEAP Benefits, Dependents Education Assistance Program, Post-9/11 GI Bill

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefits Received in 2014

**F. OTHER UNTAXED INCOME**

List the 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, etc.

Do not include any items reported or excluded in B-E above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Need Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) education 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 2014

Student's Last Name

Student's First Name

Student's M.I.

ID# or SS#

**G. MONEY RECEIVED OR PAID ON THE STUDENT'S BEHALF**

List any money received or 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 2014. Include support from a parent whose information **was not** reported on the student's 2015-16 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying 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 2015-16 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, rent, Books	Amount Received in 2014	Source

**H. Certification**

**WARNING:** Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

**I/We certify that all the information reported to qualify for Federal Students aid is complete and correct.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (If student is providing parents information)

\_\_\_\_\_  
Date

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**Mail to: Office of Financial Aid, P. O. Box 1100, Raymond, MS 39154**