

CRANFORD CAMPUS 1033 Springfield Ave Cranford, NJ 07016 Phone: (908) 709-7500 Fax: (908) 709-7018 ELIZABETH CAMPUS 40 West Jersey Street Elizabeth, NJ 07016 Phone: (908) 965-6050 Fax: (908) 709 - 7018 PLAINFIELD CAMPUS 232 East Second Street Plainfield, NJ 07060 Phone: (908) 412-3571 Fax: (908) 709-7018



2020 - 2021 Independent Low Income Clarification Worksheet

Stude	ent Name:	ID:							
1.	Please explain how your household was su	pported:							
2.	and your spouse(if married) whose informat for Not Applicable where a response is re Determine the correct annual amount for month in 2018, multiply that amount by the or receive the same amount each month in	Ident's/Spouse' Untaxed Income to Be Verified. Answer each question below as it applies to you, the student, d your spouse(if married) whose information is reported on the FAFSA. If any item does not apply, enter "N/A" Not Applicable where a response is requested, or enter "0" in an area where an amount is requested. Itermine the correct annual amount for each item: If you paid or received the same dollar amount every onth in 2018, multiply that amount by the number of months in 2018 you paid or received it. If you did not pay receive the same amount each month in 2018, add together the amounts you paid or received each month.							
A. Pa	If more space is needed, provide a separate yments to tax-deferred pension and retirem List any payments (direct or withheld from (e.g., 401(k) or 403(b) plans), including, b through 12d with codes D, E, F, G, H, and S	ent savings n earnings) t ut not limite	o tax-deferred per	nsion and retirement savings plans					
Name of Person Who Made the Paymer		nt	Т	Fotal Amount Paid in 2018					
D C	hild support received: List the actual amou	unt of any ch	aild support receiv	and in 2019 for the children in your					
ho	usehold. Do not include foster care paymer tactually paid.	•	• •	•					
Name of Adult Who Received the Support		Name of Child For Whom Support Was Received		Amount of Child Support Received in 2018					
	terans non-education benefits: List the total a								

Program, VEAP Benefits, Post-9/11 GI Bill and Include Disability, Death Pension, Dependency and Indemnity

Amount of Benefit Received in 2018

Compensation (DIC), and/or VA Educational Work-Study.

Type of Veterans Non-education Benefit

Name of Recipient

form. Include housing, food, and of include untaxed income such as wo savings accounts from IRS Form 104 cash value of benefits received. Do allowance for housing. Do not inclustudent aid, Earned Income Credit, untaxed Social Security benefits, Su benefits, combat pay, benefits frexclusion, or credit for federal tax of	rkers' compe to Line 25, Ra not include t ude any iten , Additional pplemental s	ensation, disa ailroad Retire the value of o ns reported o Child Tax Cre Security Incol spending ar	ability, Bla ment Ben n-base mi or exclude edit, Temp me (SSI), V	ack Lung Be nefits, etc. ilitary, hou ed in A-D a porary Assi Workforce	enefits, untaxed portions Include cash payments a sing or the value of a bas bove. In addition, do n stance to Needy Familio Investment Act (WIA) ed	s of health and/or the sic military ot include es (TANF), ducational	
Name of Recipient	Type of Other Untaxed Inc		ome Amount of O		ther Untaxed Income Received in 2018		
E. Money received or paid on the stu		alf ∙ List anv n	nonev red	reived or r	naid on the student's he	half (ρ σ	
payment of student's bills) and not			•				
student received in 2018. Include	•						
2020-2021 FAFSA, but do not inclu	de support f	rom whose i	nformatio	n was rep	orted. For example, if so	meone is	
paying rent, utility bills, etc., for the			-			•	
contributions unless the person is the		•		•			
FAFSA. Amounts paid on the stude		lso include ar	າy distribເ	utions to th	ne student from a 529 pl	an owned	
by someone other than the studen	ıt.						
Purpose: e.g., Cash, Rent, Books		Amount Received in		2018	Source	Source	
F. Additional information: So that we	-				•	•	
below information about any other					-	•	
members of the student's househo	•			•	•		
or other forms submitted to the fina			de such tr	nings as fed	leral veteran's education	i benefits,	
military housing, SNAP (2018 and/ c) Name of Recipient				Support Possived in 2019 and	1/or 2010		
Name of Recipient	Type of Fills	anciai Support	Amount	nt of Financial Support Received in 2018 and/or 2		1/01 2019	
C Circultura I contifutbat all af the c	·		f	:			
G. Signatures: I certify that all of the i		•				stand that	
giving false or misleading information NOTE: Computer generated signature	-		Cancena	tion or ima	iiciai aiu.		
itore, computer generated signature	Jaic Hot act	ceptable.					
Student signature					Date		

D. Other untaxed income: List the amount of other untaxed income not reported and not excluded elsewhere on this

No federal, state, or institutional financial aid will be awarded to you until the verification process is complete.

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs.

Union County College is accredited by The Middle States Commission on Higher Education.

http://ucc.financialaidtv.com/

Financial Aid Office - financialaid@ucc.edu

CRI: FC20INLI: 20/21 Ind. Low Income