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## 2019 - 2020 Independent Low Income Clarification Worksheet

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

**1. Please explain how your household was supported:**

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**2. Student's/Spouse' Untaxed Income to Be Verified.** Answer each question below as it applies to you, the student, and your spouse(if married) whose information is reported on the FAFSA. 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. **Determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2017, multiply that amount by the number of months in 2017 you paid or received it. If you did not pay or receive the same amount each month in 2017, add together the amounts you paid or received each month. If more space is needed, provide a separate page with your name and ID number at the top.

**A. 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 2017

**B. Child support received:** List the actual amount of any child support received in 2017 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 2017

**C. Veterans non-education benefits:** List the total amount of veteran's non-education benefits received in 2017. **Do not include** federal veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill and **Include** Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study.

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2017

**D. Other untaxed income:** List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include housing, food, and other living allowances paid to members of the military, clergy, and others and include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. Include cash payments and/or the cash value of benefits received. Do not include the value of on-base military, housing or the value of a basic military allowance for housing. **Do not include** any items reported or excluded in A-D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational 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 2017

**E. 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 2017. Include support from a parent whose information was not reported on the student's 2019-2020 FAFSA, but do not include support from 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 spouse whose information is reported on the student's 2019-2020 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.**

Purpose: e.g., Cash, Rent, Books	Amount Received in 2017	Source

**F. Additional information:** So that we can fully understand the student's family's financial situation, please provide below 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, and include such things as federal veteran's education benefits, military housing, **SNAP (2017 and/or 2018), TANF, etc.**

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2017 and/or 2018

**G. Signatures:** I certify that all of the information reported on this form is complete and correct. I understand that giving false or misleading information may result in denial or cancellation of financial aid.

**NOTE:** Computer generated signatures are not acceptable.

\_\_\_\_\_

Student signatureDate

**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](mailto:financialaid@ucc.edu)

CRI: FC19INLI: 19/20 Ind. Low Income