

Name of Recipient

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



2017-2018 Dependent Low Income Clarification Worksheet

Stude	ent Name:	ID:					
1.	Please explain how your household was supported:						
2.	Student's/Parent(s)' Untaxed Income to Be Verified. Answer each question below as it applies to you, the student, and the parent(s) 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 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, 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 (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms through 12d with codes D, E, F, G, H, and S.							
	Name of Person Who Made the Paymen		To	otal Amount Paid in 2015			
ho	hild support received: List the actual amou usehold. Do not include foster care payment actually paid.	•	• •	•			
Nam	e of Adult Who Received the Support		Child For Whom t Was Received	Amount of Child Support Received in 2015			
ine	terans non-education benefits: List the total a	s such as: N	ontgomery GI Bil	l, Dependents Education Assistance			
	ogram, VEAP Benefits, Post-9/11 GI Bill an impensation (DIC), and/or VA Educational Wo		risability, Death Pe	ension, Dependency and Indemnity			

Type of Veterans Non-education Benefit

Amount of Benefit Received in 2015

D. Other untaxed income: List the amount of other untaxed income not reported and not excluded elsewhere form. Include housing, food, and other living allowances paid to members of the military, clergy, and other include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. Include cash payments and, cash value of benefits received. Do not include the value of on-base military, housing or the value of a basic nallowance for housing. Do not include any items reported or excluded in A-D above. In addition, do not include the value of on-base military.							
student aid, Earned Income Credit untaxed Social Security benefits, Su benefits, combat pay, benefits f exclusion, or credit for federal tax	upplemental rom flexible	Security Income (SSI spending arrangen), Workforce	Investment Act (WIA) education	al		
Name of Recipient	Type of Oth	er Untaxed Income	Amount of Of	ther Untaxed Income Received in 2015			
					-		
payment of student's bills) and no student received in 2015. Include 2017–2018 FAFSA, but do not inc someone is paying rent, utility bills person's contributions unless the 2017–2018 FAFSA. Amounts paid plan owned by someone other tha of the student.	support from lude support s, etc., for the person is the on the stude	m a parent whose in t from a parent who e student or gives ca e student's parent w nt's behalf also inclu	oformation wase informationships informa	vas not reported on the student ion was reported. For example, s, etc., include the amount of the ation is reported on the student butions to the student from a 52	s if it s		
Purpose: e.g., Cash, Rent, Book	s	Amount Received	l in 2015	Source			
F. Additional information: So that w below information about any oth members of the student's househo or other forms submitted to the fin military housing, SNAP, TANF, etc.	er resources old. This may	s, benefits, and other include items that v	er amounts vere not requ	received by the student and an uired to be reported on the FAFS	y A		
Name of Recipient	Type of	Financial Support	Amount of Fi	inancial Support Received in 2015			
G. Signatures: I certify that all of the giving false or misleading informat NOTE: Computer generated signature	ion may resu	lt in denial or cancel	•		- it		
Student signature	Date	Parent Signatui	<u></u>	Da	te		

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