



Office of Financial Aid • 100 East 8<sup>th</sup> Street • PO Box 9000 • Holland, MI 49422-9000  
P: 616-395-7765 • F: 616-395-7160 • finaid@hope.edu • hope.edu/financialaid

**Student Name:** \_\_\_\_\_

**Hope College ID Number:** \_\_\_\_\_

**Complete the following to verify any untaxed income your family received during 2016.**

**DON'T INCLUDE THE FOLLOWING UNTAXED INCOME TYPES:**

Student financial aid, Workforce Investment Act educational benefits, benefits from flexible spending arrangements (e.g. cafeteria plans), and combat pay if you are not a tax filer.

STUDENTS		PARENTS
\$	Untaxed Social Security benefits received for all household members (including the untaxed portion of Social Security benefits reported on parents' IRS Form <b>1040-line 20a</b> or <b>1040A-line 14a</b> )	\$
+	Untaxed SSI disability benefits received for ALL household members	+
+	Welfare benefits (including TANF). Do not include food stamps or subsidized housing.	+
+	Child support received for all children. Do not include foster care or adoption payments.	+
+	Foreign income exclusion (IRS Form 2555-line 45; or Form 2555EZ-line 18)	+
+	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or a military BAH.	+
+	Veterans' non-education benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), &/or VA Educational Work Study allowances	+
+	Worker's compensation	+
+	Any other untaxed income or benefits. Describe source(s): _____	+
+	Cash received or any money paid on your behalf and not reported elsewhere on this form ( <b>Include support from family members not listed in your household, as well as distributions from 529 plans not owned by you or your custodial parent/s.</b> )	XXXXXXXX

\$ \_\_\_\_\_ **STUDENT TOTAL**

**PARENT TOTAL** \$ \_\_\_\_\_

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

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 this form. Return completed form to the address listed below.

**Student Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_