

Name of Financial Aid Applicant (Please print in Black Ink)

2019-2020

RETURN TO:

OFFICE OF FINANCIAL AID  
PORTERVILLE COLLEGE  
100 EAST COLLEGE AVENUE  
PORTERVILLE, CA 93257

\_\_\_\_\_  
Last First MI

@ \_\_\_\_\_  
Student ID# Date of Birth

\_\_\_\_\_  
Previous Last Names (if applicable)

**DEPENDENT VERIFICATION OF OTHER UNTAXED INCOME (V6)**  
(Complete the box above and answer all questions on this form.)

**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. HOUSING, FOOD, AND OTHER LIVING ALLOWANCES PAID TO MEMBERS OF THE MILITARY, CLERGY, AND OTHERS**

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.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2017

**D. VETERANS NON-EDUCATION BENEFITS**

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

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

**E. 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, Railroad Retirement Benefits, etc.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2017

