Name of Financial Aid Applicant (Please print)

_____
Last First MI

@_____ _____
Student ID# Date of Birth

_____
Previous Last Names (if applicable)

2018-19

RETURN TO:

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

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 2016

B. CHILD SUPPORT RECEIVED

List the actual amount of any child support received in 2016 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 2016

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 2016

D. VETERANS NON-EDUCATION BENEFITS

List the total amount of veterans non-education benefits received in 2016. 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 2016

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 2016

****** CONTINUED ON REVERSE SIDE ******

F. 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 2016. Include support from a parent whose information was not reported on the student's 2018–2019 FAFSA, but do not include support from a parent 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 parent whose information is reported on the student's 2018–2019 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 or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2016	Source

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 veterans' education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2016

OTHER CIRCUMSTANCES NOT REPORTED PREVIOUSLY ON THIS FORM:

_____

_____

_____

_____

_____

_____

_____

_____

Signatures: By signing this worksheet, we certify that all the information reported to qualify for federal student aid is complete and correct *(at least one parent must sign)*. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.**

_____
Signature of Applicant Date

_____ _____
Signature of Parent One Date Print Name of Parent One

_____ _____
Signature of Parent Two Date Print Name of Parent Two

RETURN THIS FORM TO THE OFFICE OF FINANCIAL AID.