Barry University
Financial Aid Office

11300 NE 2nd Avenue, Miami, FL 33161
P: 305.899.3673 or 1.800.695.2279
F: 305.899.3104
finaid@barry.edu | **www.barry.edu**

2014-2015

UNTAXED INCOME VERIFICATION

IMPORTANT: This form must be completed, signed and submitted to the Financial Aid Office.

PLEASE PRINT

Student's First Name	Middle Initial	Student's Last Name	Barry University Student ID#

Your 2014-2015 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "verification". Federal regulations state that before awarding federal student aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided the correct information, our financial aid administrator will compare your FAFSA with the information on this form and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent (if you are a dependent student) must complete and sign this worksheet, attach any required documents, and submit to our financial aid office. You may be asked for additional information. If you have questions about verification, contact the Financial Aid Office or visit www.barry.edu/verify.

INSTRUCTIONS: All questions require a response. If any item does not apply, enter "N/A" or enter "0" for an amount.

- Independent Student you must report the information for the student (and spouse, if married).
- Dependent Student you must report the information for the student and student's parent(s)

DESCRIPTIONS - Amounts received or paid during ***January 1, 2013 through December 31, 2013.***	**Student** ***(and Spouse, if married)***	**Mother/Stepmother Father/Stepfather** ***(if dependent student)***
a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H and S. **Do not include** amounts reported in code DD (employer contributions toward employee health benefits). **Name of person who paid:**_____	**a.** $_____	**a.** $_____
b. Child support received in 2013 for the children in your household. **Do not include** foster care, adoption payments, or amount that was court-ordered but not actually paid. **Name of person who received the support:**_____ **Name(s) of child(ren) for whom support was received:**_____	**b.** $_____	**b.** $_____
c. Housing, food and other living allowances paid to members of the military, clergy and others (include cash payments and/or cash value of benefits). **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:**_____	**c.** $_____	**c.** $_____
d. Veterans' non-education benefits received in 2013 include Disability, Death Pension, Dependency, & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. **Do not include** federal Veterans' Educational Benefits, such as, Montgomery GI Bill, Dependents Educational Assistance Program, or Post-911 GI Bill. **Name of recipient:**_____ **Type of benefit:** _____	**d.** $_____	**d.** $_____

NOTE: After completing this form, please print it. Information typed will not be saved.

DESCRIPTIONS; Amounts received or paid during *January 1, 2013 through December 31, 2013.*	Student *(and Spouse, if married)*	Mother/Stepmother Father/Stepfather *(if dependent student)*
e. Other untaxed income not reported elsewhere, such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25. **Do not include** student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act 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:**_____	**e.** $_____	**e.** $_____
f. Money received, or paid on the student's behalf (e.g., payment of student's bills), not reported elsewhere on this form. Enter the total amount of cash support the student received in 2013. Include support from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement. Also include any distribution to the student from a 529 plan owned by someone other than the student or student's parents. **Purpose: (Cash, rent, books)**_____ **Source:**_____	**f.** $_____	N/A This item only pertains to student.

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 social security benefits, federal veterans' education benefits, military housing, combat pay, SNAP food stamps, Temporary Assistance to Needy Families (TANF).

Name of Recipient	Type of Financial Support	Amount Received in 2013
		$
		$
		$
		$
		$

By signing this form, I certify that all the information reported is complete and correct. For dependent students, at least one parent must sign below.

Student's Name (PRINTED) – LAST, FIRST

Barry University Student ID #

Student's Signature

Date

Parent's Signature

Date

Note: If we have reason to believe that the information on this form is inaccurate, we may require additional documentation. If you have any questions, you may contact the Financial Aid Office by calling (305) 899-3673 or by email finaid@barry.edu. Please send documents to the Financial Aid Office, attention "Document Tracking". Barry University's Financial Aid Office, 11300 NE 2nd Avenue, Miami Shores, FL 33161 or fax 305-899-3104.

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