

2016-2017 Untaxed Income--Dependent

Student Information Please print clearly—illegible documents cannot be processed					
		Comercia ID:			
Student Name:		Campus ID:			
Table 1: Please report the <u>annual</u> amount of fin	nancial support receive	ed from each sourc	ce during 2015. Repo	rt zeros where applicable.	
Income Source	Total Amount Received during 2015				
	Student Information			Parent Information	
Payments to a tax-deferred pension and savings plan (paid directly or withheld from earnings) including amounts reported on W-2 in boxes 12a-12d (codes: D, E, F, G, H, and S)	\$		\$		
Child support received (please attach a signed statement indicating the names of the children and the amount received from each child in 2015)	\$		\$		
Housing, food, and other living allowances paid to members of the military, clergy and others (exclude value of on-base military housing or the value of a basic military allowance for housing)	\$		\$		
Veterans non-education benefits, such as Disability, Death pension, or Dependency and Indemnity Compensation (DIC) and/or Educational Work-Study allowances.	\$		\$		
Table 2: Please report the <u>annual</u> amount of ot	her untaxed income re	eceived during 201	5. Report zeros when	e applicable.	
Other Hatered Income	Total Assessmt Persit and during 2015				
Other Untaxed Income	Total Amount Received during 20				
		nt Information		Parent Information	
Worker's Compensation	\$		\$		
Disability	\$		\$		
Other (please specify)	\$		\$		
Other (please specify)	\$		\$		
Table 3: Please report the annual amount of me form. (Rent, food, insurance, etc.)	oney paid on the stud	ent's behalf for bil	ls in the student's na	me reported elsewhere on this	
Other Unreported Income			Total amount rece	eive during 2015	
Ex. Loan from Parents		\$3,000			
		\$			
		\$			
		\$			
We certify that all of the information provided is understand that we may be required to provide		•	· · · · · · · · · · · · · · · · · · ·		
Student Signature:			Date:		
Parent Signature			Date:		

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