

# Additional Financial Information & Untaxed Income and Benefits Form 2022-2023

Student Name/ID#: \_\_\_\_\_



**Form can be mailed or dropped off at the address listed**

- Mailing address: Dakota College at Bottineau ▪ Financial Aid Office ▪ 105 Simrall Blvd ▪ Bottineau, ND 58318
- Phone: (701) 228-5469 Fax: (701) 228-5499

Forms must be turned in 45 days before the end of fall/spring semester and 20 days before the end of summer semester.

Please write the amount received in **2020** for each of the items in the chart below. Please use **yearly totals**, not monthly amounts. **Do not leave anything blank.** If no income was received from the source listed, write "0". When there are multiple options, **circle** which one pertains to you.\*

The verification process may take SEVERAL WEEKS and your federal financial aid cannot be disbursed until the process is complete. Therefore, we suggest that you submit all information to the address on the reverse side of this form **WITHIN 30 DAYS**. **If any of the sections of this worksheet are left blank or any signatures are missing, this worksheet will be returned to the student for completion, thereby delaying the processing of your financial aid.** Thank you for your cooperation and prompt response.

## Section A – FAFSA Questions 44/92

	Student Enter an amount or \$0	Parent(s) Enter an amount or \$0
<b>Payment to a tax-deferred pension or savings plan</b> Including (but not limited to) amounts reported on the W-2 Form in boxes 12a-12d. <b>Only report codes: D E F G H and S.</b> (circle all that apply)	\$	\$
<b>Housing, food or other living allowance paid to clergy</b> Including cash payments and cash value of benefits. Do not include contributions made to your place of worship.	\$	\$
<b>BAS received by military personnel in 2020</b> Provide the yearly amount received.	\$	\$
<b>Veterans' non-education benefits*</b> Such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. (circle all that apply)	\$	\$
<b>Money received or paid on your behalf</b> For rent/bills or living expenses by someone other than your parent. Please list the person who provided this support. (i.e. grandparent, roommate, significant other, etc.) _____	\$	N/A

\*Did you remember to **circle** which option(s) pertains to you when there were multiple choices?

## Section B – Other Untaxed Income or Benefits

Write in yearly totals for 2020	Student Enter an amount or \$0	Parent(s) Enter an amount or \$0
<b>Other untaxed income or benefits*</b> Such as Employment Disability (not Social Security), Worker's Compensation, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, etc. (circle all that apply)	\$	\$
<b>Social Security Entitlements</b> (SSD, SSDI OR RSDI) Title 2 benefit based on the length of time and amount paid in F.I.C.A Payroll taxes. Reason for benefit: _____ Survivor _____ Disabled _____ Retirement	\$	\$

<b>Supplemental Security Income</b> (SSI) Title 16 "needs based" benefit. Reason for benefit: _____ 65 or older _____ Disabled _____ Blind	\$	\$
<b>SNAP/Food Stamps</b> Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____	\$	\$
<b>WIC/TANF</b> Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____	\$	\$
<b>Housing Assistance</b> Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____	\$	\$
<b>Alimony</b> Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____	\$	\$
<b>Fuel Assistance</b> Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____	\$	\$
<b>Vocational Rehab</b> Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____	\$	\$
<b>Unemployment</b> Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____	\$	\$
<b>Other income not reported elsewhere</b> (i.e. gambling winnings, medical studies, previous year's tax refunds, etc.) Please name the benefit: _____	\$	\$

### Section C – Child Support

Only list the **yearly total for 2020**, NOT the monthly amount.

Did anyone in your household RECEIVE child support in 2020?  Yes  No If yes, how much was received in **total** for that year?

\$ \_\_\_\_\_

Did one of the persons you lived with in 2020, pay out child support in 2020?  Yes  No If yes, complete the information below.

Name of person who paid out child support	Name of person whom received child support	Name of child for whom child support was paid	Total amount of child support paid for 2020
			\$
			\$
			\$

**Section D-**The income reported on your 2022-2023 FAFSA (from calendar year 2020) appears to be insufficient to support the number of people reported in your/your parents' household.

Write a statement of how you were supported or how you supported yourself/your family in 2020.

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### Section E - Signatures

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

**Student's Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent's Signature** (if student is dependent) \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_