

Additional Financial Information & Untaxed Income and Benefits Form 2019-2020

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
- E-mail: jalee.lynnes@dakotacollege.edu

Please write the amount received in **2017** 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 43/91

| | Student <small>Enter an amount or \$0</small> | Parent(s) <small>Enter an amount or \$0</small> |
|---|--|--|
| Taxable earnings from the Federal College Work-Study Program <small>List the name of the college from which you earned Work-Study: _____</small> | \$ | \$ |
| Grant or scholarship aid reported as income on your 2017 Federal Tax Return <small>This includes grants or scholarship aid in excess of tuition, fees, books and required supplies.</small> | \$ | \$ |
| Combat pay or special combat pay that was taxable <small>This amount would have been included in the Adjusted Gross Income on the 2017 Federal Tax Return.</small> | \$ | \$ |
| Cooperative education program earnings offered by a college | \$ | \$ |

Section B – FAFSA Questions 44/92

| | Student <small>Enter an amount or \$0</small> | Parent(s) <small>Enter an amount or \$0</small> |
|---|--|--|
| Payment to a tax-deferred pension or savings plan <small>Including (but not limited to) amounts reported on the W-2 Form in boxes 12a-12d. Only report codes: D E F G H and S. (circle all that apply)</small> | \$ | \$ |
| Housing, food or other living allowance paid to clergy <small>Including cash payments and cash value of benefits. Do not include contributions made to your place of worship.</small> | \$ | \$ |
| BAS received by military personnel in 2017 <small>Provide the yearly amount received.</small> | \$ | \$ |
| Veterans' non-education benefits* <small>Such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. (circle all that apply)</small> | \$ | \$ |
| Money received or paid on your behalf <small>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.) _____</small> | \$ | N/A |

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

OVER

Section C – Other Untaxed Income or Benefits

| Write in yearly totals for 2017 | Student Enter an amount or \$0 | Parent(s) Enter an amount or \$0 |
|---|--|--|
| Other untaxed income or benefits* Such as Employment Disability (not Social Security), Worker’s Compensation, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, etc. (circle all that apply) | \$ | \$ |
| Social Security Entitlements (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 | \$ | \$ |
| Supplemental Security Income (SSI) Title 16 “needs based” benefit. Reason for benefit: _____ 65 or older _____ Disabled _____ Blind | \$ | \$ |
| SNAP/Food Stamps Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____ | \$ | \$ |
| WIC/TANF Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____ | \$ | \$ |
| Housing Assistance Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____ | \$ | \$ |
| Alimony Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____ | \$ | \$ |
| Fuel Assistance Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____ | \$ | \$ |
| Vocational Rehab Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____ | \$ | \$ |
| Unemployment Did you, your parents or anyone in your household receive this benefit? If yes, who received it? _____ | \$ | \$ |
| Other income not reported elsewhere (i.e. gambling winnings, medical studies, previous year’s tax refunds, etc.) Please name the benefit: _____ | \$ | \$ |

Section D – Child Support

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

Did anyone in your household RECEIVE child support in 2017? Yes No If yes, how much was received in **total** for that year? \$ _____

Did one of the persons you lived with in 2017, pay out child support in 2017? 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 2017 |
|---|--|---|---|
| | | | \$ |
| | | | \$ |
| | | | \$ |

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 ____/____/____