WORKSHEET A, B, C FOR INCOME VERIFICATION
OF AN INDEPENDENT STUDENT

Processing of your financial aid application can continue once you complete and return this form to the Financial Aid Office within 14 days.

You are requested to provide information about income you may have received in calendar year 2002. Do not leave any item blank or unanswered. If there was no income for the item listed, indicate this with a 0.

**FAFSA WORKSHEET A**

$ _______ Welfare benefits, including Temporary Assistance for Needy Families (TANF). Provide a copy of your payment record which documents the total amount of assistance received for all dependents. If you are unable to obtain a benefit statement, please provide a written statement detailing the total annual benefits received for each dependent.

$ _______ Social Security benefits (taxed and untaxed). Attach copies of Social Security benefit form 1099 to verify the benefits paid to all family members.

**FAFSA WORKSHEET B**

$ _______ Payments to tax-deferred pension and savings plans, including, but not limited to, amounts reported on W-2 forms in boxes 12a through 12d, codes D, E, F, G, H and S.

$ _______ Child Support received for all children. Don’t include foster care or adoption payments. Provide a copy of your payment record. If you can not obtain a payment record, provide a written statement detailing the total annual child support for each dependent.

$ _______ Housing, food and other living allowances paid to members of the military, clergy or others. (Include cash payments and cash value of benefits)

$ _______ Veteran’s noneducational benefits such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA work study allowances.

$ _______ Any other untaxed income or benefits not reported elsewhere on Worksheet A or B. Don’t include student aid, Workforce Investment Act educational benefits or benefits from flexible spending arrangements, e.g. cafeteria plans.

**FAFSA WORKSHEET C**

$ _______ Child support paid because of divorce or separation or as a result of a legal requirement. Don’t include support for children included in your household size on your FAFSA form.

$ _______ Taxable earnings from need based employment programs, such as Federal Work-Study.

Name: ___________________________________________ SSN: ______________________

Signature: ______________________________________ Date: ________________________