

Low/Untaxed Income for 2015

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

If more space is needed, provide a separate page with the student's name and ID number at the top.

A. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Total Amount Paid in 2015

B. Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received.

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 Received	Amount of Benefit Received in 2015

C. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

Do not include federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015

D. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

Do not include any items reported or excluded in A – C above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) 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	Amount of Other Untaxed Income Received in 2015

E. The financial information on your application appears to be extremely low. Please answer the following questions so that we might get a better picture of your finances for **2015**. If you are a dependent student, your parent will complete this worksheet based on their information. Write the **monthly amounts** for the items listed below and indicate who paid the expense by putting their name and relationship to you on the **"Source of Payment"** line. For example, if you lived with your parents in 2015 and they paid \$500 a month in rent, you would write \$500 beside #1 and you would write "Jack and Jill Jones – Parents" on the Source of Payment line.

	Monthly Amount	Source of Payment
Did you receive any of the following? Check all that apply: Section 8 housing_____, Work First_____, TANF_____		
(If you checked yes to any of the above, do not fill in the rest of the worksheet).		
Cost of House/Apt	\$	
Cost of Utilities (water, sewage, gas and electric bills only)	\$	
Car Payment (only include if car is in student's name)	\$	
Cost of Medical Bills (for student or dependent's – NOT Co-Pays)	\$	
Do you receive SNAP/ food stamps? If yes, what is the value?	Yes or No (circle one) \$	
If you do not receive SNAP/food stamps, how much is the cost of food?	\$	
If you have reported no income or very little income for 2015 and someone else has helped support you, you must report any cash received or any money paid on your behalf. Be very specific. If no support was received from anyone, please indicate by writing "NONE" and explain how you lived on little or no income. _____ _____		

F. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or

Signature Student/Parent

Date



Submit this worksheet to the Financial Aid Office at:
Gaston College
201 Highway 321 South
Dallas, NC 28034