



2025 – 2026 Verification of Untaxed Income Form (for 2023)

Student's Last Name

Student's First Name

Student's ID Number

Student's Street Address (include Apt. #)

Student's Phone Number

City

State

Zip Code

Student's Email Address

If the student **was REQUIRED to provide parental information on the FAFSA**, answer each question on this worksheet 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 on this worksheet 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 2023, multiply that amount by the number of months in 2023 you paid or received it. If you did not pay or receive the same amount each month in 2023, add together the amounts you paid or received each month.

Section 1: Federal Benefits Received

Please check the appropriate box(es) if the parent received any of the following in 2023 or 2024:

- Medicaid or SSI (Supplemental Security Income)
- Supplemental Nutrition Assistance Program (SNAP) or Food Stamps
- Free or Reduced School Lunch Benefits
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Earned Income Credit (EIC)
- Federal Housing Assistance
- Refundable Credit for Coverage Under a Qualified Health Plan (QHP)

Please check the appropriate box(es) if the student/spouse received any of the following in 2023 or 2024:

- Medicaid or SSI (Supplemental Security Income)
- Supplemental Nutrition Assistance Program (SNAP) or Food Stamps
- Free or Reduced School Lunch Benefits
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Earned Income Credit (EIC)
- Federal Housing Assistance
- Refundable Credit for Coverage Under a Qualified Health Plan (QHP)

Section 2: Untaxed Income Section

- 1) **Payments to Tax Deferred Pension** – Please indicate the amount and the person(s) that had tax-deferred pension in 2023. Please refer to the 2023 W2 Forms, Box 12a through 12d, codes D, E, F, G, H, and S:
 - a. Parent Amount: _____ Person(s): _____
 - b. Student/Spouse Amount: _____ Person(s): _____
- 2) **Housing, food, and other living allowances paid to members of the military, clergy, and others in 2023.** Include cash payments and/or the cash value of benefits being received. Do not include the value of on-based military housing or the value of a basic military allowance for housing.

- a. Parent Amount: _____ Name of Parent(s) Receiving benefit: _____
- b. Student/Spouse Amount: _____ Name of Person(s) Receiving Benefit: _____

3) **Veteran's Non-Education Benefits in 2023.** Include disability, death pension, dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do not include federal veteran's educational benefits such as the Montgomery GI Bill, Post 9/11 GI Bill, Dependents Education Assistance Program, VEAP Benefits, etc.

- a. Parent Amount: _____ Type of Benefit: _____
 - i. Parent(s) Receiving Benefit: _____
- b. Student/Spouse Amount: _____ Type of Benefit: _____
 - i. Student/Spouse Name Receiving Benefit: _____

4) **Worker's Compensation:**

- a. Parent Amount: _____ Person(s): _____
- b. Student/Spouse Amount: _____ Person(s): _____

5) **Untaxed Alimony:**

- a. Amount: _____ Person(s) Receiving Benefit: _____

6) **Disability:**

- a. Amount: _____ Person(s) Receiving Benefit: _____

7) **Health Savings Account** – Schedule 1, line 13:

- a. Amount: _____ Person(s): _____

8) **Black Lung/Railroad Retirement Benefits:**

- a. Amount: _____ Type: _____ Person(s): _____

9) **Family Support Income in 2023.** Please indicate if the parent or student received any monies from relatives or outside sources not listed above:

- a. Amount: _____ Person Giving: _____
 - i. Person Receiving: _____

10) **Additional Information.** Please provide any additional information that has not been represented above:

11) **None of the Above Applied to the Parent or Student/Spouse.** Please check the box to the right:

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA (if applicable) must sign and date.

Student's Name (print) and Signature

Date

Parent's or Spouse's Name (print) and Signature

Date

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

Please return this form to:
 Fairfield University - Office of Financial Aid
 Mail: 1073 North Benson Road Fairfield, CT 06824

Email: finaid@fairfield.edu Fax: 203-254-4008