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| Financial Aid Office ∙ P.O. Box 6905 ∙ Radford, VA 24142Phone: (540) 831-5408 ∙ Fax: (540) 831-5138 ∙ Text: (540) 328-9360 ∙ finaid@radford.eduFinancial Aid Website: https://www.radford.edu/finaid  |

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Radford ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2021-2022 Verification of STUDENT/Spouse’s Other Untaxed Income/ Low Income**

**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.

**To determine the correct annual amount for each item**: If you paid or received the same dollar amount every month in 2019, multiply that amount by the number of months in 2019 you paid or received it. If you did not pay or receive the same amount each month in 2019, 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.

1. **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 2019 |
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|  |  |
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**B. Child support received**

List the actual amount of any child support received in 2019 for the children in your (and your spouses’) household.

**Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

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| --- | --- | --- |
| Name of Adult Who Received the Support | Name & Age of Child For Whom Support Was Received | Amount of Child Support Received in 2019 |
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**C. 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 for you and your spouse.

**Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

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| --- | --- | --- |
| Name of Recipient  | Type of Benefit Received | Amount of Benefit Received in 2019 |
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|  |  |  |
|  |  |  |

**Verification of Other Untaxed Income/ Low Income for 2019**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Radford ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D. Veterans non-education benefits**

 List the total amount of veterans non-education benefits received in 2019 for you and your spouse. 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

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| --- | --- | --- |
| Name of Recipient | Type of Veterans Non-education Benefit | Amount of Benefit Received in 2019 |
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**E. Other untaxed income**

List the amount of other untaxed income not reported and not excluded elsewhere on this form for you and your spouse. Include untaxed income such as workers’ compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 20, Railroad Retirement Benefits, etc.

**Do not include** any items reported or excluded in A – D 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.

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| --- | --- | --- |
| Name of Recipient | Type of Other Untaxed Income | Amount of Other Untaxed Income Received in 2019 |
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**F. Please mark any boxes from which you receive funds.**

* I or my spouse received student financial aid during 2019 and/or 2020 that assisted with paying my bills.
* I or my spouse received Temporary Assistance to Needy Families (TANF) in 2019 and/or 2020.
* I or my spouse received untaxed Social Security benefits in 2019 and/or 2020.
* I or my spouse received Supplemental Security Income (SSI) in 2019 and/or 2020.
* I or my spouse received Workforce Investment Act (WIA) funds educational benefits.
* I or my spouse received combat pay in 2019 and/or 2020.
* I or my spouse received foster care payments, adoption payments, or any amount that was court-ordered but not actually paid in 2019 and/or 2020.
* I or my spouse received on-base military housing or the value of a basic military allowance for housing in 2019 and/or 2020.
* I or my spouse received federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill in 2019 and/or 2020.

**Verification of Other Untaxed Income/ Low Income for 2019**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Radford ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**G. Money received or paid on the student’s/spouse’s behalf**

List any money received or paid on the student’s/spouse’s behalf (e.g., payment of student’s bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2019. Include support from a parent whose information was not reported on the student’s 2021-2022 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student’s parent whose information is reported on the student’s 2021-2022 FAFSA**. Amounts paid on the student’s behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student’s parents, such as grandparents, aunts, and uncles of the student.

|  |  |  |
| --- | --- | --- |
| Purpose: e.g., Cash, Rent, Books | Amount Received in 2019 | Source |
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**H.** If you or your spouse received no income from the above sources, please explain below how you paid your rent, utilities, and food during 2019.

*Verification of information reported on this form may be requested. Review of verification documents may take up to four weeks.* ***Additional information may be needed*** *after the review of documents. Awarding will not occur until all documents are received and verified. Students will be considered for funds that are available at the time verification is finalized. Students can monitor documents received, reviewed, or needed through their MyRU Account. Correspondence regarding verification will be sent to the student’s Radford University e-mail address.*

*Verification must be finalized prior to the payment date for the semester to receive any deferment or partial deferment of charges. Students who have not received award notifications (or if awards are insufficient to cover balances due) by the time payment is due, they will need to pay university charges by the payment deadline.*

*The signature(s) below certify the above statements are true.*

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return this completed and signed form to the Financial Aid Office, Radford University, P O Box 6905, Radford, VA 24142, fax this form to 540-831-5138, or email this completed and signed form to finaid@radford.edu.*