



WORCESTER
S T A T E
UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

ID#: _____

FAC19AFI

2017 Additional Financial Information

PARENT (if parent information required on FAFSA)

**STUDENT
and spouse)**

- \$ _____ 1. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. \$ _____
- \$ _____ 2. Taxable college grant and scholarship aid **reported to the IRS in your adjusted gross income**. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. \$ _____
- \$ _____ 3. Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. **Don't enter untaxed combat pay.** \$ _____
- \$ _____ 4. Earnings from work under a cooperative education program offered by a college. \$ _____

2017 Untaxed Income

PARENT (if parent information required on FAFSA)

**STUDENT
(and spouse)**

- \$ _____ 5. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W2 forms in Boxes 12a through 12d, codes D,E,F,G,H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits). \$ _____
- \$ _____ 6. Child support received for any of your children. Don't include foster care or adoption payments \$ _____
- \$ _____ 7. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). **Don't include** the value of on-base military housing or the value of a basic military allowance for housing. \$ _____
- \$ _____ 8. Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ _____
- \$ _____ 9. Other untaxed income not reported above, such as worker's compensation, disability benefits, etc. Also include the untaxed portions of Health Savings Accounts from IRS 1040 line 25. **Don't include** extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign, income exclusion or credit for federal tax on special fuels. \$ _____
- XXXXX** 10. Money received, or paid on your behalf (e.g., bills paid on your behalf), not reported elsewhere on this form (see 45j for additional information) \$ _____

I/we certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student) _____ DATE: _____

SIGNATURE (parent) _____ DATE: _____

(if parent information required on FAFSA)