



MISCELLANEOUS INCOME QUESTIONNAIRE 2023–2024

This information is required to process your application for financial aid for the 2023–2024 academic year. Complete and return this form to the address above so your aid application can be processed. If you are requested to submit this form and you fail to do so, you may jeopardize your eligibility for financial aid.

Student's name: Last _____ First _____ M.I. _____ U-M ID number (eight digits) _____

If you are:

- **A dependent student (or a pharmacy or dental student applying for a Health Professions Loan):** Provide information for yourself and your parents. Complete both left and right columns.
- **An independent student:** Provide information only for yourself (and your spouse if you have one). Complete left column only.

REPORT THE FOLLOWING INCOME EXCLUSIONS (LIST INFORMATION FOR CALENDAR YEAR 2021)

▶ **Child support you paid because of divorce or separation or as a result of a legal requirement.** Student/spouse: \$ _____ Parent: \$ _____

Don't include support for children in your (or your parents') household, as reported on the FAFSA.

➔ List full name(s) of child(ren) being supported and amount paid for each child:

Name of person you paid child support to	Name of child for whom support was paid	Amount of child support paid in 2021
		\$
		\$
		\$
		\$
		\$

▶ **Alimony paid:** Student/spouse: \$ _____ Parent: \$ _____
➔ Name of individual to whom it was paid: _____

▶ **Taxable earnings from need-based employment programs:** Student/spouse: \$ _____ Parent: \$ _____
Includes Federal Work-Study and need-based employment portions of fellowships and assistantships.

▶ **Taxable student grant and scholarship value:** Student/spouse: \$ _____ Parent: \$ _____
Marked as "SCH" on 1040, line 1.

▶ **Combat pay or special combat pay:** Student/spouse: \$ _____ Parent: \$ _____
Only enter the amount that was taxable and included in your adjusted gross income.
Do not enter untaxed combat pay reported on W-2 (Box 12, Code Q)

▶ **Earnings from work under a cooperative education program offered by a college:** Student/spouse: \$ _____ Parent: \$ _____

▶ **Report any retirement fund rollovers in 2021:** Student/spouse: \$ _____ Parent: \$ _____
i.e.: 401(k) to IRA, etc.

REPORT THE FOLLOWING UNTAXED INCOME (LIST INFORMATION FOR CALENDAR YEAR 2021)

▶ **Payments to tax-deferred pension and savings plans:** Student/spouse: \$ _____ Parent: \$ _____
Paid directly or withheld from earnings, including but not limited to amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.

▶ **IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans:** Student/spouse: \$ _____ Parent: \$ _____
From IRS Form 1040 schedule 1 lines 16 + 20.

▶ **Child support received for any of your parents' children:** Student/spouse: \$ _____ Parent: \$ _____
Do NOT include foster care or adoption payments.

▶ **Tax-exempt interest income from IRS Form 1040, line 2a:** Student/spouse: \$ _____ Parent: \$ _____

▶ **Alimony received:** Student/spouse: \$ _____ Parent: \$ _____
▶ Individual who received alimony: _____

▶ **Untaxed portions of IRA distributions and/or pensions:** Student/spouse: \$ _____ Parent: \$ _____
from IRS Form 1040, line (4a-4b)+(5a-5b).
Exclude rollovers. If negative, enter a zero here. If rollover not listed on 1040, provide documentation.

▶ **Housing, food, and other living allowances paid to members of the military, clergy, and others** (including cash payments and cash value of benefits): Student/spouse: \$ _____ Parent: \$ _____
Do NOT include the value of on-base military housing or the value of a basic military allowance for housing.

▶ **Veteran's noneducation benefits:** Student/spouse: \$ _____ Parent: \$ _____
Includes Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.

▶ **Other untaxed income not reported above:**
Includes workers' compensation, disability, etc.
Do NOT include any of the following:

- Student aid
- Earned income credit
- Additional child tax credit
- Welfare payments
- Untaxed social security benefits
- Supplemental security income
- Workforce investment act educational benefits
- On-base military housing or a military housing allowance
- Combat pay (if your parents are not tax filers)
- Benefits from flexible spending arrangements (e.g., cafeteria plans)
- Foreign income exclusion
- Credit for federal tax on special fuels
- Payments and services received from states for foster care or adoption assistance under part A or part E of Title IV of the Social Security Act

▶ List source(s) of untaxed income and amount(s):

Source: _____ Student/spouse: \$ _____ Parent: \$ _____

Source: _____ Student/spouse: \$ _____ Parent: \$ _____

Source: _____ Student/spouse: \$ _____ Parent: \$ _____

▶ **Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form:** Student/spouse: \$ _____ Parent: \$ _____
This includes money you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.

GOVERNMENT BENEFITS RECEIVED BY YOUR HOUSEHOLD

▶ **Supplemental Social Security (SSI)** Do you receive? YES NO
(NOT survivor or Social Security retirement benefits)

▶ Name and age of recipients:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

▶ **Medicaid** Do you receive? YES NO

▶ **Temporary Assistance for Needy Families (TANF)** Do you receive? YES NO

▶ **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):** Do you receive? YES NO

▶ Name of recipient: _____

▶ **Free or Reduced Lunch in 2021 or 2022.** Do you receive? YES NO

I (we) certify that the information provided on this form is complete and correct to the best of my (our) ability. I/we also agree to contact the U-M Office of Financial Aid if the information provided here changes.

Student's signature (handwritten signature is required) _____ Date _____ Parent's signature (handwritten signature is required) _____ Date _____