



MISCELLANEOUS INCOME QUESTIONNAIRE 2021–2022

This information is required to process your application for financial aid for the 2021-2022 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 2019): <i>All fields must be completed. If not applicable, indicate \$0.</i>			Parents' Information	Student's/ Spouse's Information
Child support you paid because of divorce or separation or as a result of a legal requirement. 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 2019	\$	\$
		\$		
		\$		
		\$		
		\$		
Alimony Paid	Name of individual to whom it was paid:		\$	\$
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.			\$	\$
Taxable student grant and scholarship value marked as "SCH" on 1040, line 1.			\$	\$
Combat pay or special combat pay. 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			\$	\$
Report any retirement fund rollovers done in 2019 (ie: 401(k) to IRA, etc.)*			\$	\$

Report the Following Untaxed Income (List Information for Calendar Year 2019): <i>All fields must be completed. If not applicable, indicate \$0.</i>			Parents' Information	Student's/ Spouse's Information
Payments to tax-deferred pension and savings plans (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 from IRS Form 1040 schedule 1, lines 15 + 19.			\$	\$
Child support received for any of your children. Do NOT include foster care or adoption payments.			\$	\$
Tax exempt interest income from IRS Form 1040, line 2a.			\$	\$
Alimony Received	Individual who received alimony:		\$	\$

* If "rollover" not listed on 1040 – provide documentation.

Report the Following Untaxed Income (List Information for Calendar Year 2019):	Parents' Information	Student's/ Spouse's Information
Untaxed portions of IRA distributions and/or pensions from IRS Form 1040, line (4a-4b)+(4c-4d). Exclude rollovers. If negative, enter a zero here*.	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do NOT include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
Veteran's noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$
Other untaxed income not reported above, such as workers' compensation, disability, etc. Do NOT include any of the following: <ul style="list-style-type: none"> • 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): _____ _____ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. 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 (Please respond to each question)	Do you receive?
Supplemental Social Security (SSI) (NOT survivor or Social Security retirement benefits) Name and age of recipients: _____ _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Medicaid	<input type="checkbox"/> YES <input type="checkbox"/> NO
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Name of recipient:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Free-or-Reduced Lunch in 2019 or 2020	<input type="checkbox"/> YES <input type="checkbox"/> 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 (Typed signatures are acceptable)	_____ Date	_____ Parent's Signature	_____ Date
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* If "rollover" not listed on 1040 – provide documentation.