



Student's/ Spouse's Information	Report the Following Untaxed Income (List Information for Calendar Year 2017):	Parents' Information
\$	Untaxed portions of pensions from IRS Form 1040 – (lines 16a minus 16b) or 1040A (lines 12a minus 12b). 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). <b>Do NOT include</b> 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. <b>Do NOT include any of the following:</b> 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 or 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	Do you receive? (circle YES or NO)
Supplemental Social Security (SSI) <i>(NOT survivor or Social Security retirement benefits)</i> Name and age of recipients: _____ _____ _____	YES      NO
Temporary Assistance for Needy Families (TANF)	YES      NO
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Name of recipient:	YES      NO
Free-or-Reduced Lunch in 2017 or 2018	YES      NO

**This form MUST have all required signatures before you submit it.**

*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.*

\_\_\_\_\_ Date \_\_\_\_\_  
Student's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature

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