

Miscellaneous Income Questionnaire 2017-2018

This information is required to process your application for financial aid for Fall/Winter 2017-2018. 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. _____ UMID Number (8 digits) _____ Email Address _____

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.*

Student's/ Spouse's Information	Report the Following Income Exclusions (List Information for Calendar Year 2015):	Parents' 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. <ul style="list-style-type: none"> • List full name(s) of child(ren) being supported and amount paid for each child: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #e0e0e0;">Name of Person Who Paid Child Support</th> <th style="background-color: #e0e0e0;">Name of Person to Whom Child Support was Paid</th> <th style="background-color: #e0e0e0;">Name of Child for Whom Support was Paid</th> <th style="background-color: #e0e0e0;">Amount of Child Support Paid in 2015</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2015																					\$
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2015																							
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$																								
\$	Student grant and scholarship aid reported to the IRS in your (or your parents') adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$																								
\$	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	\$																								

Student's/ Spouse's Information	Report the Following Untaxed Income (List Information for Calendar Year 2015):	Parents' 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 (line 28 plus line 32) or 1040A (line 17).	\$
\$	Child support received for any of your parents' children. Do NOT include foster care or adoption payments.	\$
\$	Tax exempt interest income from IRS Form 1040 (line 8b) or 1040A (line 8b).	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040 – (lines 15a minus 15b) or 1040A (lines 11a minus 11b). Exclude rollovers. If negative, enter a zero here*.	\$

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

Student's/ Spouse's Information	Report the Following Untaxed Income (List Information for Calendar Year 2015):	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). 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: 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 2015 or 2016	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.