2016–2017 Documentation of Support

Student Name: ___________________________ Loyola ID: ___________________________
(Please print) (Your 11-digit Loyola ID number begins 0000.)

2016–2017 Untaxed Income Verification

Directions: The FAFSA asked for other income items, which are not included on federal income taxes. The following list includes some of those items. List the total (annual) amount received in 2015. Indicate $0 if an item does not apply. Attach supporting documentation as appropriate.

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 Box 12a through 12d, codes D, E, F, G, H and S. Include untaxed portions of 401(k) and 403(b) plans.  
Parent | Student
$_______|_______

Child support actually received for all children during 2015
Note: Don’t include foster care or adoption payments

$_______|_______

☐ Check if benefits ended during 2015
☐ Check if benefits will end during 2016

What is the end date and total amount for 2016? Date ________________  
$_______|_______

Veterans non-education benefits

$_______|_______

Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)

$_______|_______

Other untaxed income (worker’s compensation, disability benefits, etc.
DO NOT INCLUDE extended foster care benefits, student aid, earned income credit, additional child tax credits, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or military housing allowance, combat pay, benefits from flexible spending arrangements, foreign income exclusions, or credit for federal tax on special fuels).

$_______|_______

Money received, or paid on your behalf not reported elsewhere on this form. This includes money that you received from a person whose financial information is not reported on this form and that is not part of a legal child support agreement.

$_______|_______

P$ 2017
2016–2017 Dependent Household Verification

Directions: List the number of people whom your parents will support between July 1, 2016 and June 30, 2017.

Include yourself and your parent(s). Include their children if the children get more than half of their support from your parents. Include other people only if they now live with and get more than half their support from your parents, and will continue to get this support between July 1, 2016, and June 30, 2017. If there are more than six people, please attach a sheet listing additional family members.

(Support includes: money, gifts, loans, housing, food, clothes, car, medical and dental, payment of college costs, etc.)

<table>
<thead>
<tr>
<th>Full Name of Family Member</th>
<th>Age</th>
<th>Relationship To You</th>
<th>Attending undergraduate college at least half-time</th>
<th>Degree Program (for example: B.S.)</th>
<th>Name of College or University family member will attend in 2016–2017?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>18</td>
<td>You—the Parent</td>
<td>Yes</td>
<td>B.S.</td>
<td>Loyola University Chicago</td>
</tr>
<tr>
<td>Example</td>
<td>53</td>
<td>Parent</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Receipt of SNAP Benefits Verification for Dependent Students

☐ My parents or someone in my parents’ household received SNAP benefits in 2014 or 2015

The parents certify that ____________________________, a member of the parents’ household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The parents’ household includes:

- The student.
- The parents (including a stepparent) even if the student doesn’t live with the parents.
- The parents’ other children if the parents will provide more than half of the child’s support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards even if a child does not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other person’s support and will continue to provide more than half of that person’s support through June 30, 2017.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

☐ No one in my parents’ household received SNAP benefits
Child Support Paid Verification for Dependent Students

If one or both of the parents included in the household and/or the student paid child support in 2015, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

Please indicate $0 or n/a if neither of the parents included in the household and/or the student paid child support in 2015.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name and Age of Child for Whom Support Was Paid</th>
<th>Annual 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>
</tbody>
</table>

Total Amount of Child Support Paid $

Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:

- A signed statement from the individual receiving the child support certifying the amount of child support received
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made

Certification Statement:
All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

Student Signature* ___________________________ Date ____________

Parent Signature* ___________________________ Date ____________

*Typed and digital signatures are not acceptable

The U.S. Department of Education no longer allows a preparer’s copy of tax returns to satisfy the Verification requirement. You may order a TAX RETURN TRANSCRIPT from the Internal Revenue Service online at www.irs.gov or by phone at 1-800-908-9946. Obtain a 2015 Federal IRS Tax Return Transcript and W-2 forms for yourself, your spouse (if married) or your parents/step-parent (if dependent). Note: If you used the IRS Data Retrieval tool to transfer your IRS income data to your FAFSA, you may not have to submit the IRS Tax Transcript.