



2011-2012 Household and Untaxed Income Worksheet Federal Student Aid Programs

Your application was selected for review in a process called "Verification." In this process, your school will be comparing information from your application and this worksheet. The law says we have the right to ask you for this information before awarding federal aid. If there are differences between your application information and this worksheet, you or your school may need to make corrections electronically or by using your Student Aid Report (SAR).

A. Student Information

| | | | | |
|--|------------|----|-----------------------------|-------------------|
| Last Name | First Name | MI | XXX-XX- | Student ID Number |
| @maricopa.edu | | | | |
| Maricopa Email Address (Note: all electronic communication will be sent to your Maricopa Email Address) | | | Phone Number with Area Code | |

B. Family Information

List the people in your household, include:

- yourself, and your spouse if you are currently married, and
- your children, if you will provide more than half of their support from July 1, 2011 through June 30, 2012, and
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2011 through June 30, 2012. Please provide documentation on how you support the individual(s).

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half time between July 1, 2011 and June 30, 2012, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

| Full Name | Age | Relationship | College |
|-----------|-----|--------------|---------|
| | | Self | |
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C. 2010 Additional Financial Information

Student/ Spouse Answer questions for calendar year 2010. Please do not leave any blanks.

| | |
|----|---|
| \$ | 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, and Keogh and other qualified plans from IRS Form 1040--total of lines 28+32 or 1040A-line 17 |
| \$ | Child support received for all children. Don't 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. |
| \$ | 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 clergy, and others (including cash payments and cash value of benefits). Food & other living allowances paid to military (BAS). Do not include the value of on-base military housing or the value of a basic military allowance for housing (BAH/BAQ). |
| \$ | Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances |
| \$ | Other untaxed income not reported in items 45a through 45h, such as workers' compensation, disability, first time homebuyers tax credit from IRS form 1040- line 67, making work pay tax credit from IRS form 1040-line 63, 1040A-line 40 and 1040EZ-line 8, etc. Don't include 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 or credit for federal tax on special fuels. |
| \$ | Money received , or paid on your behalf (e.g., bills), not reported elsewhere on this form |

By signing this worksheet, I certify that all the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature _____

Date _____

