



Student Financial Aid
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2016/2017 UNTAXED INCOME, SNAP AND CHILD SUPPORT FORM

Your FAFSA was selected for a process called verification. The law says that before awarding federal student aid, your school may ask you to confirm the information that you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet. If there are differences, your FAFSA information may need to be corrected. Complete the requested sections and sign this worksheet, attach any required documents, and submit the form as soon as possible so that your financial aid will not be delayed. The verification process may take several weeks.

 Last Name First Name OC ID Number (or SSN) Birth date

SECTION 1 – UNTAXED INCOME *Complete only if requested by OC Student Financial Aid*

Include parent information if you had to provide parent information on the FAFSA. If an item does not apply, write "NA" and do not leave any blanks. Attach additional page with the student's name and ID number, if more space is needed.

| Payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans such as 401(k) or 403(b) plans, including amounts listed in box 12 of W2 forms with codes D, E, F, G, H and S. | | |
|--|--|--|
| <i>Name Of Person With Pension Or Retirement Savings</i> | <i>Yearly Amount Paid For 2015</i> | |
| | \$ | |
| | \$ | |
| Child support received. List actual amount received. Do NOT list foster care or adoption payments. | | |
| <i>Name Of Person Receiving Child Support</i> | <i>Child For Whom Support Was Received</i> | <i>Yearly Amount Received For 2015</i> |
| | | \$ |
| | | \$ |
| | | \$ |
| Housing, food and other living allowances paid to members of the military, clergy and others. Include cash payments and cash value of benefits received. Do NOT include value of on-base military housing or basic military housing allowance. | | |
| <i>Name Of Recipient</i> | <i>Type Of Benefit</i> | <i>Yearly Amount Received For 2015</i> |
| | | \$ |
| | | \$ |
| Veterans' non-education benefits such as disability, death pension, dependency and indemnity compensation and VA work-study allowances. Do NOT include educational benefits such as Post 9/11 GI Bill, Montgomery GI Bill or VEAP benefits. | | |
| <i>Name Of Recipient</i> | <i>Type Of Benefit</i> | <i>Yearly Amount Received For 2015</i> |
| | | \$ |
| | | \$ |
| Untaxed income not reported elsewhere on this form, such as workers' compensation, disability, untaxed savings accounts from 1040 Line 25. Do NOT include financial aid, TANF, untaxed Social Security, SSI, combat pay or items excluded above. | | |
| <i>Name Of Recipient</i> | <i>Type Of Untaxed Income</i> | <i>Yearly Amount Received For 2015</i> |
| | | \$ |
| | | \$ |

Money received or bills paid for the student from someone other than a parent listed on the FAFSA. Include distributions to the student from a 529 prepaid college plan owned by someone other than the student or parent.

| Type of Assistance (cash, bills paid, textbooks purchased, etc.) | Source of Assistance | Yearly Amount Received For 2015 |
|--|----------------------|---------------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

SECTION 2 -- SNAP (FOOD STAMPS) Complete only if requested by OC Student Financial Aid

- I answered incorrectly on the FAFSA. No one in my household (parent household for dependent students) received SNAP (Supplemental Nutrition Assistance Program) benefits during 2014 or 2015.
- Someone in my household (parent household for dependent students) received SNAP (Supplemental Nutrition Assistance Program) benefits during 2014 or 2015.

SECTION 3 – CHILD SUPPORT PAID Complete only if requested by OC Student Financial Aid

- I answered incorrectly on the FAFSA. No one in my household (parent household for dependent students) paid child support.
- Someone in my household (parent household for dependent students) paid child support in 2015 and the details are listed below.

| Name Of Person Who Paid Child Support | Name Of Person To Whom Child Support Was Paid | Name Of Child For Whom Support Was Paid | Yearly Amount Paid For 2015 |
|---------------------------------------|---|---|-----------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

If more space is needed, attach a separate page with the student's name and ID number at the top

SIGNATURE

By signing this worksheet, I certify that all the information reported is complete and correct. I understand if I purposely give false or misleading information on this worksheet, I may be fined, sent to prison, or both. I am also granting OC Student Financial Aid permission to update the FAFSA through Federal Student Aid online to match the information provided on this form. I understand that additional documentation may be requested regarding the information I have provided.

Student's Signature

Date

Parent's Signature (if dependent student on FAFSA)

Date