



Financial Aid Office, 2755 E. Napier Avenue
Benton Harbor, MI 49022
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2018 – 19 Untaxed Income Form for Student

Student's First Name Last Name Middle Initial LMC ID

| <u>Amount Received for the entire year of 2016</u> (Indicate 0 or n/a if you do not receive a type of payment) | Student (and Spouse if Married) |
|---|--|
| Payments to tax deferred pension and retirement savings (paid directly or withheld from earnings), including amounts reported on the W-2 Form in Boxes 12 a through 12d, codes D, E, F, G, H, and S. Include untaxed payments to 401(k) and 403(b). | |
| Child support received for all children. Do not include foster care or adoption payments. | |
| 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. | |
| 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 above such as workers' compensation, disability, etc. DO NOT INCLUDE: extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, on-base military housing or a military housing allowance, 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. | |

Did anyone in your household receive the following benefits? Please the box if yes.

- Social Security Benefits
SNAP (Food Stamps)
TANF

CERTIFICATION & SIGNATURE: *By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge.*

Student Signature

XXX-XX-_____
Last 4 digits of SSN# Date