## NORTH BENNET ST. SCHOOL

A. Student Information:

## **UNTAXED INCOME VERIFICATION WORKSHEET: DEPENDENT STUDENTS: 2017-2018**

Your financial aid application has been selected for a process called "verification." Through the verification process, the North Bennet Street School (NBSS) Financial Aid Office will confirm information reported by you and your spouse (if applicable) on your 2017-2018 Free Application for Federal Student Aid (FAFSA) with the information submitted on this Independent Student Income Verification Worksheet. Please complete and return this worksheet to the NBSS Financial Aid Office as soon as possible. Your financial aid application is not complete without this form. Please contact the Financial Aid Office at 617-227-0155 if you need assistance completing this form.

First Name	Last Name	Middle Initia
B. Verification of Untaxed	Income for 2015	
	nounts of any Untaxed Income receive ow. If you or your parents earned \$0 to Any Item Blank.	
withheld from earnings) to	pension and retirement savings: Listax deferred pension and retirement so not limited to, amounts reported on Vand S.	avings plans (e.g., 401(k) or
A. Name of Person Who Ma	de the Payment	B. Total Amount Paid in 2015
children in the household. I amount court-ordered but nN/A or	List the actual amount of any child su Do not include foster care payments, a not actually paid.  ment <b>B.</b> Name of Child for Whom Support was	doption payments, or any
others. Include cash payment on-base military housing orN/A or	the value of a basic military allowance paid to members the value of a basic military allowance paid to members the value of a basic military allowance page of Benefit Received C. Total Am	d. Do not include the value of ee for housing

	tion (VA) Non-Education		
	ts received in 2015. Includ		=
	on (DIC). Do not include		
	ependent Educational Ass	sistance Program, VEAP	Benefits, and Post 9/11
GI Bill			
N/A or	DT CYAD C	C T + 1 A + + (D	C.D. : 1: 2015
<b>A.</b> Name of Recipient	<b>B.</b> Type of VA Benefit	C. Total Amount of Ber	nefit Received in 2015
5. Other Untaxed Incom	<b>ne.</b> List the amount of oth	ner untaxed income not r	eported and not
included elsewhere on t	this form. Include untaxe	d income such as worker	's compensation,
•	enefits, untaxed portions	_	
	ment Benefits, etc. Do no	•	
	e student aid, Earned Inco		
	o Needy Families (TANF	•	
• • • • • • • • • • • • • • • • • • • •	Vorkforce Investment Act		1 3
•	ending arrangements (e.	g. cafeteria plans), foreig	n income exclusion, or
credit for federal tax on	special fuels.		
N/A or			
<b>A.</b> Name of Recipient	<b>B.</b> Type of Benefit Receive	ed <b>C.</b> Total Amount of I	Benefit Received in 2015
money received or paid reported on the 2017-18 include any distribution	paid on your or your pare if these payments are rep FAFSA (e.g., parent incomes to the student from a 5: parents, such as grandpa B. \$ Amount Rec	ported in the student's parties. Amounts paid on the 29 plan owned by someo arents, aunts, and uncles	nrent(s)' information he student's behalf also ne other than the
2.			
3			
4			
<b>C. Certification:</b> By sign Office is complete and a	ning this form, I (we) cert accurate.	ify all information report	red to the Financial Aid
-	st sign this form if the st on (DOE) as a result of f	-	dent" by the U.S.
Student Signature	Date	Parent Signature	Date

**Return this form** to the NBSS Financial Aid Office as soon as possible at: 150 North St., Boston, MA 02109, or by fax to 617-227-9292. Please contact the financial aid office at 617-227-0155 ext. 115 if you have any questions about the Untaxed Income Verification Worksheet.