



Office of Financial Aid

800 W Campbell Rd ROC22 Richardson, TX 75080

972-883-2941 ph | 972-883-6803 fax

financial-aid@utdallas.edu

2018-2019 VERIFICATION WORKSHEET

Student Untaxed Income

Use your (and your spouse's) 2016 untaxed income information to complete the following worksheet. **If any item does not apply, enter "N/A" for Not Applicable.**

Student Information	
Name (Last, First, Middle Initial)	
UTD ID	
Child Support Received	
List the amount of child support payments you (and your spouse) received in 2016 for the children in your household. Don't include foster care or adoption payments.	
Name of Child for Whom Support Was Received	Total Amount Received in 2016
Housing, Food, and Living Allowances	
List the cash value of the housing, food, and living allowances you (and your spouse) received in 2016. These benefits are often received by members of the military or clergy. Don't include the value of on-base military housing or the value of a basic military allowance for housing.	
Type of Benefit	Total Amount Received in 2016
Veterans Non-Education Benefits	
List the total amount of veterans non-education benefits that you (and your spouse) received in 2016. This amount includes Disability, Death Pension, Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	
Type of Benefit	Total Amount Received in 2016

With few exceptions, you are entitled on your request to be informed about the information UTD collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTD correct information about you that is held by us and that is incorrect.



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UTD ID: _____ STUDENT'S NAME: _____

Other Untaxed Income

List the total amount of any other untaxed income and benefits that you (and your spouse) received in 2016. This amount includes earnings/benefits such as workers' compensation, disability benefits, the untaxed portions of health savings accounts from IRS Form 1040—line 25, Black Lung Benefits, Railroad Retirement Benefits, etc.

Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.

Source of Income	Total Amount Received in 2016

Money Received or Paid on the Student's Behalf

List the total amount of cash received or money paid on your (and your spouse's) behalf toward living and/or educational expenses.

Source/Person Who Made Payment on Student's Behalf	Total Amount Received in 2016

Signature and Certification

Each person signing this worksheet certifies that all of the information provided above is complete and correct.

Student Signature _____ Date _____

Spouse Signature _____ Date _____

Please submit the completed worksheet with your handwritten (not typed) signature to the Office of Financial Aid by:

Email: financial-aid@utdallas.edu **or Fax:** 972-883-6803 **or In-person drop-off:** Student Services Building, first floor