



EST. 1908

SUNY MORRISVILLE

Financial Aid Office
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4th Floor Administration Bldg.

Phone 315-684-6289
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UNTAXED INCOME VERIFICATION FORM

STUDENT NAME: _____ M# _____

PLEASE COMPLETE THE SECTION(S) BELOW THAT APPLY TO YOUR SITUATION.

TOTAL DOLLAR AMOUNTS RECEIVED FOR 2017

	<u>STUDENT</u>	<u>PARENT/SPOUSE</u>
*PUBLIC ASSISTANCE/WELFARE	\$ _____	\$ _____
SOCIAL SECURITY BENEFITS/SSI	\$ _____	\$ _____
OTHER UNTAXABLE INCOME	\$ _____	\$ _____
VA BENEFITS	\$ _____	\$ _____
PENSION	\$ _____	\$ _____
UNTAXED PORTION OF HEALTH SAVINGS ACT. (FOUND ON LINE 25 OF 1040)	\$ _____	\$ _____

OTHER: (EXPLAIN HOW YOUR BASIC LIVING EXPENSES ARE PAID FOR. FOR EXAMPLE, HOUSING, FOOD, CLOTHING, ETC.) ***PLEASE PROVIDE DOCUMENTATION ON ANY ITEM THAT YOU HAVE LISTED AS INCOME***

* DO NOT INCLUDE FOOD STAMPS OR HUD / SECTION 8 AWARDS FOR HOUSING.

SUNY Morrisville ▪ P.O. Box 901 Morrisville, NY 13408-0901

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