



HOBART AND WILLIAM SMITH COLLEGES

Office of Financial Aid
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2021-2022 Untaxed Income Worksheet

Student Information:

Last Name: First M.I. Social Security No. Student I.D.

Address City State Zip Code Phone Number

Part 1:

The federal government requires that you submit this additional information because the income reported for your family on the FAFSA is extremely low based on your family size. Please use the following space to provide a summary of how your family meets its basic living expenses (housing, food, clothing, utilities, etc.) on a monthly basis, and then proceed to Part 2 of the form below.

Multiple horizontal lines for providing a summary of family living expenses.

Part 2:

Enter each dollar amount below as it applies to the student and the parent(s) whose information is on the FAFSA. If any item does not apply, enter a 0 where the amount is requested. If you paid or received the same dollar amount every month in 2019, multiply that amount by the number of months in 2019 you paid or received it. If you did not pay or receive the same amount each month in 2019, add together the amounts you paid or received each month. If more space is needed, provide a separate page with the student's name and HWS ID# at the top.

Payment to tax deferred pension and retirement savings plan:

Student \$ _____ Parent \$ _____

Child Support Received:

Student \$ _____ Parent \$ _____

Housing food & other living allowances paid to members of the Military, Clergy, and others:

Student \$ _____ Parent \$ _____

Veteran's non-educational benefits

Student \$ _____

Parent \$ _____

Other Untaxed Income – income not reported above such as workers' compensation, disability etc. Also include the untaxed portion of health savings accounts from IRS Form 1040-line 25. **DO NOT INCLUDE:** extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, Workforce Investment 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.

Student \$ _____

Parent \$ _____

Money received or paid on the student's behalf- e.g. bills paid for student or money received from the parent and is not reported anywhere else on this form or on the FAFSA

Student \$ _____

Resources or benefits not appearing on the FAFSA, such as in-kind support from a relative or a government agency:

Student \$ _____

Parent \$ _____

Additional information: Please provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

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

Name of Recipient	Type of Financial Support	Amount Received in 2019

Additional Comments:

Each person signing this form certifies that all of the information is complete and correct. If dependent, at least one parent must sign. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student's Signature Date

Parent's Signature Date
(Dependent Students Only)