2020-2021
Independent Untaxed Income Worksheet

Name: __________________________ JAG#: __________________________

Did you (or your spouse, if applicable) receive any of the following benefits in 2018? If yes, *indicate the amount received*. If no, indicate $0 where applicable – do not leave anything blank!

1. Military or Clergy Allowance (*Do not include* the value of on-base housing or the value of a basic military allowance for housing): $_________ /year
2. Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances: $_________ /year
3. Other untaxed income not reported on the FAFSA: $_________ /year
4. Money received, or paid on your behalf, not on the FAFSA: $_________ /year (For example, if someone pays your rent on your behalf, report that amount.)

---

Did you (or your spouse, if applicable) receive child support in 2018? If no, mark “None” below.

<table>
<thead>
<tr>
<th>Name of Person Who Received Child Support</th>
<th>Name of Person Who Paid Child Support</th>
<th>Name &amp; Age of Child for Whom Support was Received</th>
<th>Amount of Child Support Received in 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Student Signature: __________________________ Date: __________________________

***Typed or computer generated signatures will not be accepted***