



Office of Financial Aid • 100 East 8th Street • PO Box 9000 • Holland, MI 49422-9000
P: 616-395-7765 • F: 616-395-7160 • finaid@hope.edu • hope.edu/financialaid

Student Name: _____

Hope College ID Number: _____

Complete the following to verify any untaxed income your family received during 2021.

DON'T INCLUDE THE FOLLOWING UNTAXED INCOME TYPES:

Student financial aid, Workforce Investment Act educational benefits, benefits from flexible spending arrangements (e.g. cafeteria plans), and combat pay if you are not a tax filer.

STUDENT	PARENTS	
\$	\$	Untaxed Social Security benefits received for all household members (including the untaxed portion of Social Security benefits reported on parents' IRS Form 1040-line 5a)
+	+	Untaxed SSI disability benefits received for ALL household members
+	+	Welfare benefits (including TANF). Do not include food stamps or subsidized housing.
+	+	Child support received for all children. Do not include foster care or adoption payments.
+	+	Foreign income exclusion (IRS Form 2555-line 45/Schedule 1-line 21)
+	+	Payments to tax-deferred pension and retirement plans in 2020, including but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. DO NOT include amounts reported in code DD (health benefits)
+	+	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or a military BAH.
+	+	Veterans' non-education benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), &/or VA Educational Work Study allowances
+	+	Worker's compensation
+	+	Any other untaxed income or benefits. Describe source(s): _____
+	XXXXXXXX	Cash received or any money paid on your behalf and not reported elsewhere on this form (Include support from family members not listed in your household , as well as distributions from 529 plans not owned by you or your custodial parent/s.)

\$ _____ \$ _____ **TOTALS**

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date this form. Return completed form to the address listed below.

Student Signature: _____
(Signature must be in ink)

Date Signed: _____

Parent Signature: _____
(Signature must be in ink)

Date Signed: _____