Complete this form only if requested to do so by the Office of Financial Aid to complete the Federal Verification requirement. Answer each question as it applies to the student and the student’s parent(s) whose information is on the FAFSA.

Please DO NOT leave any boxes blank. Mark any items that do not apply as N/A or $0.

### 2013 Amounts

<table>
<thead>
<tr>
<th>1. Payments to tax-deferred pension and retirement savings</th>
<th>Student</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Paid directly or withheld from earnings</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>• Includes, but not limited to, amounts reported on W2 forms, Boxes 12a through 12d, codes D, E, F, G, H, and S. Do NOT include amounts with code DD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Child support received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3. Housing, food, and other living allowances paid to you as members of the military, clergy, and others.</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>• Includes cash payments and cash value of benefits</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>• Do NOT include value of on-base military housing or value of basic military housing allowance</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>4. Veterans non-education benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>• Includes Disability, Death Pension, DIC, and VA Educational Work-Study</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>5. Other Untaxed income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Note: Please identify the sources and other details in the space below this table.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Include workers’ compensation, disability, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Include untaxed portions of health savings accounts (IRS Form 1040 – line 25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Includes untaxed income earned from work and other miscellaneous sources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Do NOT include foster care benefits, student aid, ERC, child tax credits, welfare payments, untaxed Social Security, SSI, military housing allowance, combat pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Money received from others, or paid on your behalf, not reported elsewhere on this form</td>
<td>$</td>
<td>N/A</td>
</tr>
<tr>
<td>Note: Please identify the sources and other details in the space below this table</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ex. Financial help for household bills, food, rent, gas, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Distributions from a 529 plan owned by someone other than your parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Money received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the space below, please provide additional details regarding the source and type of funds listed for fields #5 and/or #6 in the table above. Use the back of this form if additional space is needed.

### Additional income sources for 2013

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment compensation</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Social Security benefits received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TANF benefits received</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### Certification Statement

By signing this, I (we) hereby certify that all information on this worksheet is accurate and complete to the best of my (our) knowledge. I also give permission to the Office of Financial Aid to obtain secondary verification if necessary.

Student’s Signature: __________________________ Date: __________________________

Parent’s Signature: __________________________ Date: __________________________

15800 N.W. 42nd Avenue, Miami Gardens, FL | ph: (305) 626-3742 | Fax: (305) 626-3715 | Title IV School Code: 001486