# 2015-2016
## Student Other Income Worksheet

***An incomplete form will be returned to you and will delay processing***

**Student Name**

____________________________________________________

**NMU IN**

____________________________________________________

***Please provide copies of student (and spouse, if married) 2014 W-2 Form(s)***

<table>
<thead>
<tr>
<th>2014 Untaxed Income – Report total year amounts for 2014</th>
<th>Student/Student’s Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be sure to complete <strong>ALL</strong> items in this section. If an item does not apply to you, you must enter $0.</td>
<td>(if married)</td>
</tr>
</tbody>
</table>

- **Child Support Received** – Report child support received for all children. Exclude foster care or adoption payments.
  - $ /yr

- **Housing/Food/Other Living Allowances** – Paid to members of the military, clergy, and others (include cash payments/cash value of benefits.)
  - $ /yr

- **Payments to Tax Deferred Pension/Savings Plans** – Paid directly or withheld from earnings, including amounts reported on 2014 W-2 forms, boxes 12a-12d (codes D, E, F, G, H, and S.)
  - $ /yr

- **Veteran Non-Education Benefits** – Such as Disability, Death Pension, DIC, and VA Educational Work-Study allowances.
  - List the source of this income: ________________________________
  - $ /yr

- **Any other untaxed income/benefits, cash received, or money paid on your behalf, not listed above** – Including worker’s compensation, disability, etc. **Do Not** include Social Security Benefits.
  - List the source of this income: ________________________________
  - $ /yr

Please indicate any other means of support you (and your spouse, if applicable) received in 2014 – such as public assistance, social security benefits, low-cost housing, living with relatives, etc.

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide proof of the information given on this form.

**Student Signature** ________________________________ **Date** ____________________

---

Financial Aid Office
1401 Presque Isle Avenue
Marquette, MI 49855-5324
Ph. 906-227-2327
Fax 906-227-2321
E-Mail: fao@nmu.edu
Web site: www.nmu.edu

---

***An incomplete form will be returned to you and will delay processing***