

2019-2020 Form L – Other Income Verification

The income you reported on your FAFSA does not indicate the level of income to meet basic living expenses. This could be the result of the exclusion of some types of income while completing your FAFSA. Please provide the additional requested information so that the Office of Financial Aid may continue to process your file. This form may be requested in addition to other forms of Verification required by the U.S. Department of Education. **Your eligibility for financial aid cannot be determined until the verification process is complete.**

Name _____

LCC ID# _____

*If you are an independent student, your household includes you, your spouse (if you were married on the day you signed your FAFSA), your children or your spouse's children (if you or your spouse will provide more than half of their support from July 1, 2019 through June 30, 2020 even if the children do not live with you and your spouse), any other people if they now live with you AND you or your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2020. ***Support includes money, gifts, loans, housing, food, clothing, transportation, medical/dental care, college tuition, etc.**

If you are a dependent student, your household includes your parents (or step parent), children living in the household or children for whom your parents will provide more than half of their support from July 1, 2019 through June 30, 2020.

A. Taxable Income – Answer every question below. Forms with blank responses will be returned for completion.

At any time during 2017 did you or a member of your household receive any of the following?

Income	Total Received in 2017
Money earned from working (also include cash earnings that were not reported on a W2 or 1099)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Pension or Retirement Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Business, Rental, or Farm Income	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Disability Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Alimony or Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Gambling or Lottery Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Interest or Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Total Taxable Income	\$ _____

***Per IRS guidelines, anyone with self-employment income of \$400 or more is require to file a tax return**

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B. Non-Taxable Income – Answer every question below. Forms with blank responses will be returned for completion.

At any time during 2017 did you or a member of your household receive any of the following?

Income		Total Received in 2017
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Child Support Received for your or your spouse's children	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Veteran's Non-Education Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Housing, food, other living allowances paid to them as a member of the military, clergy, or other in 2017-2018	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Any other untaxed income not previously listed	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Total Non-Taxable Income		\$ _____

C. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans). Including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D,E,F,G,H, and S.

Name of Person Who Made the Payment	Annual Amount Paid in 2017
Total Payments to tax-deferred pension and retirement savings	\$ _____

D. Incarceration

At any time during 2017 were you or your spouse (if married) incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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E. Household Benefits – Answer every question below. Forms with blank responses will be returned for completion.			
At any time during 2017 did you or a member of your <u>household</u> receive any of the following?			
Benefit		Monthly Value	# of Months Received
Subsidized Housing (Section 8, etc.) (List your cost for housing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
TANF-AFDC	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
Total Monthly Value of Benefits		\$ _____	

F. Other Information – Answer every question below. Forms with blank responses will be returned for completion.		
At any time during 2017 did you, or someone in your household, receive any of the following?		
Refunds from Federal and/or State Financial Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what school did you or your spouse attend? Name: _____
Cash support from a parent, relative, or friend	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, who provided the cash support? Name: _____ Relationship to you: _____ Amount received in 2017: \$ _____
Payments of bills listed in your name by a parent, relative, or friend	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, who paid the bills? Name: _____ Relationship to you: _____ Amount Paid: \$ _____ # of Months: _____
Free housing from a parent, relative or friend	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, who provided the housing? Name: _____ Relationship to you: _____ # of months housing was provided: _____
Food/groceries from a parent, relative, or friend		If YES, who provided the food/groceries? Name: _____ Relationship to you: _____ # of months received: _____

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G. So that we can fully understand the student’s/family’s financial situation, please provide information about any other resources, benefits, and other amounts received by the student and/or student’s family members included in the 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 veteran’s education benefits, military housing, etc.

Name of Recipient	Type of Financial Support	Amount of Support Received in 2017
		\$ _____
		\$ _____
		\$ _____

Certification:

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

<p>WARNING: If you purposefully provide false or misleading information on this form, you may be fined, sentenced to jail, or both.</p>
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Student Signature

Date

MAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

Lenoir Community College
Office of Financial Aid
P.O. Box 188
Kinston, NC 28502
Fax: 252-233-6896
Email: Finaid@lenoircc.edu