

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Middlesex College ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

**For the Dependent Student**, please provide the student and the student's parent(s) information as requested below.  
**For the Independent Student**, please provide the student (and the student's spouse, if married) information as requested below.

*\*Report **annual amounts** in the spaces provided below: Multiply your monthly amount X 12.*

**A. 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	Total Amount Paid in 2020

**B. Child support received**

List the actual amount of any child support received in 2020 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child for Whom Support Was Received	Amount of Child Support Received in 2020

**C. Housing, food, and other living allowances paid to members of the military, clergy, and others**

Include cash payments and/or the cash value of benefits received.  
**Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2020

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Name \_\_\_\_\_

Middlesex College ID Number \_\_\_\_\_

**D. Veterans non-education benefits**

List the total amount of veterans non-education benefits received in 2020. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

*Do not include federal veteran’s educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill*

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2020

**E. Other untaxed income**

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers’ compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 schedule 1, Line 25, Railroad Retirement Benefits, etc. .

*Do not include any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.*

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2020

**F. Money received or paid on the student’s behalf**

List any money received or paid on the student’s behalf (e.g., payment of student’s bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2020. Include support from a parent whose information was not reported on the student’s 2022–2023 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person’s contributions **unless the person is the student’s parent whose information is reported on the student’s 2022–2023 FAFSA**. Amounts paid on the student’s behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student’s parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2020	Source

Name \_\_\_\_\_

Middlesex College ID Number \_\_\_\_\_

**G. Additional information:**

So that we can fully understand your family’s financial situation, please provide below information about any other resources, benefits, and other amounts received by you and/or any members of your household. This may include items that were not required to be reported on the FAFSA and include such things as federal veterans’ education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2020

**Comments:**

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**H. Sign this Worksheet**

*By signing this worksheet, you certify that all information reported on this worksheet is complete and accurate. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.*

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature (If Dependent, Required) Date

R9/22