JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
OF CRIMINAL JUSTICE

Office of Financial Aid

Untaxed Income Verification

This form must be completed by the agency issuing payments. After completion, the student should return it with your completed application(s) for financial aid. This information is necessary in order to determine your eligibility for financial aid. Separate forms should be submitted for each type of payment.

Agency must complete all three parts of this form.

Part I

Student First Name: _____ Student Last Name: _____

Student SS#: _____ – _____ – _____ Name of Payee: _____

Type of Payment (check one only. Submit separate forms for each type of payment received):

□ Aid to Dependent Children (ADC) [Public Assistance] □ Home Relief (HR) [Public Assistance]

□ Social Security Benefits (SSA) □ Supplement Security Income (SSI)

□ Disability □ Other: _____

Effective Date: _____ Termination Date: _____

Part II

The total funding provided from _____ (MM/YYYY) to _____ (MM/YYYY) for the above student/family

Was $_____ (Rent Allowance must be included).

The following persons were included when calculating the amount of the payment:

Name	Name
1. _____	**2.** _____
3. _____	**4.** _____
5. _____	**6.** _____

Payments were made (check one only): □ Weekly □ Semi-monthly □ Monthly □ Lump-sum

Part III

The current payment for this student/family is $ _____.

The following persons are included when calculating the amount of the payment:

Name	Amount	Name	Amount
1. _____	_____	**2.** _____	_____
3. _____	_____	**4.** _____	_____
5. _____	_____	**6.** _____	_____

I certify that the information provided for the student/family above is accurate.

Signature of Official: _____ Date: _____

Name of Official: _____ Title: _____

*Agency Seal/Stamp

*If Agency has no official seal or stamp, please attach a statement on the Agency stationery.