

Your Free Application for Federal Student Aid (FAFSA) was selected by the Department of Education for a review process called verification. During this review, Northwestern will compare information submitted on the FAFSA to information on this worksheet and other required documentation. Federal regulations require that we complete verification before processing federal financial aid.

### A. Student Information:

Student Name: \_\_\_\_\_ NU ID: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_

### B. Other Untaxed Income for 2024:

Please provide information on following untaxed income items reported on the 2026-27 FAFSA. If the items apply to either you or your spouse (if applicable), please circle **Y** and indicate the appropriate information in the space below the question. If not, please circle **N**.

#### 1. Have you or your spouse made payments to tax deferred pension and retirement savings? Y or N

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans) in 2024, 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 2024 |
|-------------------------------------|---------------------------|
|                                     |                           |
|                                     |                           |

#### 2. Have you or your spouse received child support? Y or N

List the actual amount of any child support received in 2024 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 2024 |
|--|---|--|
|  |   |  |
|  |   |  |

#### 3. Have you or your spouse received housing, food, and other living allowances paid to members of the military, clergy, and others? Y or N

Include cash payments and/or the cash value of benefits received in 2024.

**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 2024 |
|-------------------|--------------------------|------------------------------------|
|                   |                          |                                    |
|                   |                          |                                    |

**4. Have you or your spouse received Veteran non-education benefits? Y or N**

List the total amount of veterans non-education benefits received in 2024. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.

**Do not include** federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VR&E Benefits, Post 9/11 GI Bill.

| Name of Recipient | Type of Veterans Non-education Benefit | Amount of Benefit Received in 2024 |
|-------------------|--|------------------------------------|
|                   |  |                                    |
|                   |  |                                    |

**5. Have you or your spouse received any other untaxed income? Y or N**

List the amount of other untaxed income not reported and not excluded elsewhere on this form in 2024. Include untaxed income such as worker’s compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

**Do not include** any items reported or excluded in 1-4 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 | IRS W-2 Provided? Yes or No |
|-------------------|------------------------------|-----------------------------|
|                   |                              |                             |
|                   |                              |                             |
|                   |                              |                             |

**6. Have you or your spouse received any money on your behalf? Y or N**

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 2024.

| Purpose: e.g. Cash, Rent, Books | Amount Received in 2024 | Source |
|---------------------------------|-------------------------|--------|
|                                 |                         |        |
|                                 |                         |        |
|                                 |                         |        |

**7. Have you or your spouse any additional information to provide? Y or N**

So that we can fully understand the student’s family financial situation, please provide information about any other resources, benefits, or other amounts received by the student and any members of the student’s 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 veterans education benefits, military housing, SNAP, TANF, etc.

| Name of Recipient | Type of Financial Support | Amount of Financial Support Received in 2024 |
|-------------------|---------------------------|--|
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**Comments:**

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**Certification Statement:** Each person signing this form certifies that all the information provided is accurate and complete. If requested, we agree to provide proof of information we have outlined on this form. The student and at least one parent must sign.

\_\_\_\_\_  
*Student Signature* (electronic signatures not accepted)      *Date*

\_\_\_\_\_  
*Spouse Signature* (if applicable)      *Date*