



MADISON COLLEGE FINANCIAL AID

Other Financial Information Form

On the original Free Application for Federal Student Aid (FAFSA) you submitted, your parent(s) information was not completed. Please be aware that you will not receive financial aid until all documentation is received and reviewed. Therefore, failure to submit this form and any necessary documentation in a timely manner and/or provide accurate information may significantly delay the processing, awarding and potential disbursement of financial aid funds.

INSTRUCTIONS - In order to determine your financial aid eligibility, you and your parent(s) must first complete and submit the following information. To determine which parent(s) information should be used on this form, see [Who Is Considered a Parent?](#)

STUDENT INFORMATION

Last Name _____ First Name _____ Student ID _____

PARENT(S) INFORMATION

Relationship to Student	First Name	Last Name	Social Security Number	Date of Birth

PARENT(S) ASSET INFORMATION

If not applicable, enter "0". Do not leave any fields blank.

Current balance of the student's parent(s) cash, savings and checking accounts: Do not include financial aid.	\$
Net worth of the student's parent(s) other real estate and investments (net worth equals current value minus debt): Do not include the net worth of the home that you live in.	\$
Net worth of the student's parent(s) current businesses and/or investment farms (net worth equals current value minus debt): Do not include the net worth of the the student's parent(s) family farm or family business with 100 or fewer full-time employees.	\$

PARENT(S) 2017 UNTAXED INCOME

If not applicable, enter "0". Do not leave any fields blank.

Payments (direct or withheld from earnings) to the student's parent(s) 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.	\$
The actual amount of child support received in 2017 for the children in your parent's household. Do not include: foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.	\$
Cash payments and/or the cash value of benefits received by the student's parent(s) in 2017. Do not include: the value of on-base military housing or the value of a basic military allowance for housing.	\$
The total amount of veterans non-education benefits received by the student's parent(s) in 2017. 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, VEAP Benefits, Post-9/11 GI Bill.	\$
List the amount of other untaxed income not reported and not included elsewhere on this form received by the student's parent(s) in 2017. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts, Railroad Retirement Benefits, etc. Do not include: any items reported or included 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.	\$
Total	\$

Last Name _____ First Name _____ Student ID _____

PARENT(S) 2017 ADDITIONAL FINANCIAL INFORMATION

If not applicable, enter "0". Do not leave any fields blank.

The student's parent(s) taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
The student's parent(s) combat pay or special combat pay. Only enter the amount that was taxable and reported to the IRS in the student's parent(s) adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$
The student's parent(s) taxable grant, and scholarship aid that was reported to the IRS in the student's parent(s) adjusted gross income. Includes Americorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
Earnings of the student's parent(s) from work under a cooperative education program offered by a college.	\$
Total	\$

OTHER PARENT(S) INFORMATION TO BE VERIFIED

One of the persons listed in the student's parent(s) household **received** Food Stamps/SNAP benefits in 2017 or 2018. If asked by Madison College, the student's parent(s) will provide documentation of the receipt of Food Stamp/SNAP benefits during 2017 and/or 2018.

The student's parent(s), **paid** child support in 2017. Please indicate below the name(s) of the person who paid the child support, the name(s) of the person to whom the child support was paid, the name(s) of the child(ren) for whom child support was paid, and the total annual amount of child support that was paid in 2017 for each child. If asked by Madison College, the student's parent(s) will provide documentation of the payment of child support. *If more space is needed, attach a separate page that includes the student's name and student ID listed at the top.*

Name of Person Who Paid Child Support	Name of Person To Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Age of Child for Whom Support Was Paid	Amt of Child Support Paid in 2017
				\$
				\$
				\$

The student's parent(s) **was** employed in 2017 and have listed below the names of all employers, and the amount earned from each employer in 2017. Attach copies of **all** 2017 W-2 forms issued by employers. *List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, attach a separate page with student's name and ID listed at the top.*

Income of Which Parent	Source of Income	2017 Income
		\$
		\$
		\$
		\$

SIGNATURE

By signing, I certify that the information provided above is true and that I understand that my financial aid eligibility will be determined based on this information.

Student Signature _____ Date _____

Electronic signatures are not accepted.

Parent Signature _____ Date _____

Electronic signatures are not accepted.

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in **one** of the following ways:

- Email: financialaid@madisoncollege.edu
- Mail: Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704
- Fax: (608) 243-4245
- In Person: At the Truax Enrollment Center or at any Regional or Metro campus