

Student Rocket Number

Student Last Name

Student First Name

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Preferred Phone Number



**Additional
Financial Information
Worksheet
2009-10**

You were mailed this form to help the Office of Student Financial Aid clarify a conflict regarding information you reported on the Free Application for Federal Student Aid (FAFSA). The U.S. Department of Education requires us to resolve conflicting information, therefore, complete this worksheet and return it to our office so that we can continue processing your federal financial aid application.

DEPENDENT STUDENTS: Parent information should include the parent(s)/step-parent whose information was provided on the FAFSA.

2008 Additional Income Exclusion	Student/Spouse	Parent(s)/Step-parent
List any education credits (Hope or Lifetime Learning) you were able to take on your federal income tax return. If you filed a 1040, this amount will be on line 50. If you filed a 1040A, this amount will be on line 31.	\$	\$
List child support you paid due to divorce or separation or as a result of a legal requirement. Do not include support for children living in your home (or your parents' home) or for children counted in the number you reported for household size on the FAFSA.	\$	\$
List taxable earnings from need-based employment programs such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	\$
List student grant and scholarship aid that you reported to the IRS in your (or your parents') adjusted gross income on your federal tax return. This would include AmeriCorp benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships. If you were not required to report it to the IRS as income, you are not required to report it on this form.	\$	\$
List combat pay or special combat pay that was taxable and was included in your (or your parents') adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (box 12, code Q).	\$	\$

Certification Statement: I (We) certify that all of the information reported above, used to determine eligibility for federal financial aid, is true and correct to the best of my (our) knowledge. If you were required to report parent information on the FAFSA, a parent signature is required on this form.

Student Signature _____ Date _____

Parent Signature _____ Date _____

RETURN TO:

The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, Ohio 43606-3390

Phone: 419.530.8700
Fax: 419.530.5835