



**Florida Atlantic University
Office of Student Financial Aid
Additional Financial Information Worksheet for 2016 Tax Year
(VER5M9)**

Your 2018-2019 FAFSA has been flagged for review. We are required to verify income information.

Instructions:

Review, complete, and return this form to the FAU Office of Student Financial Aid. Dependent students must complete BOTH student and parent sections (and provide student and parent signature). Independent students must complete the student section only with combined data for both student and spouse, if applicable (and provide student signature).

Use **2016** annual amounts for each item below. **Do NOT leave any part blank** (enter "0" or "N/A" if any item does not apply). When answering these questions, please refer to the table below for instructions as to where this data should come from.

NOTE: IT IS NOT NECESSARY TO SUBMIT THE DOCUMENTATION USED TO DETERMINE YOUR RESPONSE WHEN SUBMITTING THIS FORM. HOWEVER, IT IS ADVISEABLE THAT YOU COLLECT AND STORE THE DOCUMENTATION IN THE CASE THAT YOUR APPLICATION IS SELECTED FOR REVIEW BY A FEDERAL AUDITOR AT A LATER TIME.

ITEM	SOURCE
Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household.	-- Copy of separation agreement or divorce decree that shows amount of support to be provided, OR -- Copies of the child support payment checks or money order receipts for 2016.
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	-- 2016 IRS Form W-2
Taxable college grant and scholarship aid reported to the IRS in your adjusted gross income (including Americorps benefits).	-- Amount reported to the IRS of grants and scholarships received in excess of costs for tuition, fees, books, supplies, and other course related equipment.
Taxable combat pay or special combat pay included in your adjusted gross income. Don't include untaxed combat pay.	-- Any document received that indicates area of combat and military operation during 2016.
Earnings from work under a cooperative education program.	-- 2016 IRS Form W-2
Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	-- 2016 IRS Form W-2
Child support received for any of your children. Don't include foster care or adoption payments.	-- Copy of separation agreement/divorce decree that shows amount of support to be received, OR -- Copies of child support checks received during 2016
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	-- Official letter or payment stubs indicating amount of allowance
Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	-- VA letter or statement indicating amount or benefits received during 2016
Any other untaxed income or money paid on student's behalf that is not reported to the IRS or elsewhere on this form.	-- Your own records of money received (such as records of payments made to you or on your behalf, W2, or 1099 forms).



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Student Name

Student Z Number

Student FAU Email Address

**ADDITIONAL FINANCIAL INFORMATION
ANSWER QUESTIONS BASED ON DATA FOR THE 2016 TAX YEAR
DO NOT LEAVE RESPONSE BLANK (IF VALUE IS ZERO, WRITE THE NUMBER 0)**

	STUDENT	PARENT(S)
<input type="checkbox"/> Child support paid	\$ _____	\$ _____
<input type="checkbox"/> Taxable earnings from need-based employment programs	\$ _____	\$ _____
<input type="checkbox"/> Grant/Scholarship/Fellowship/Americorp aid.	\$ _____	\$ _____
<input type="checkbox"/> Combat pay or special combat pay.	\$ _____	\$ _____
<input type="checkbox"/> Earnings from cooperative education program offered by a college.	\$ _____	\$ _____
<input type="checkbox"/> Payments to tax-deferred pension and retirement savings plans	\$ _____	\$ _____
<input type="checkbox"/> Child Support Received	\$ _____	\$ _____
<input type="checkbox"/> Military and Clergy Allowance	\$ _____	\$ _____
<input type="checkbox"/> Veteran's Noneducation Benefits	\$ _____	\$ _____
<input type="checkbox"/> Other Untaxed Income not reported elsewhere on this form	\$ _____	\$ _____
<input type="checkbox"/> Other money received or paid on your behalf not reported elsewhere on this form	\$ _____	\$ <u>XXXXXXXXXXXXXX</u>

I hereby certify that all information provided on this form is true. I have completed this form based on the instructions provided and will be able to provide supporting documentation to my responses if later required. I understand that if I am found to have purposely given false or misleading information on this form the student may be fined, sentenced to jail, or both. I understand that the student may be subject to repayment of ALL funds disbursed and possible audit of file for up to 3 previous years should the information provided on this form be found inaccurate.

Student Signature

Date

Parent Signature (required only if student is dependent)

Date