

**ADDITIONAL FINANCIAL INFORMATION VERIFICATION WORKSHEET**

The amount reported in the additional financial information section of your 2016-2017 Free Application for Federal Student Aid (FAFSA) is in question. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. Please complete and sign this verification worksheet, and submit the form to us.

**A. Student’s Information**

Student’s Last Name	First Name	M.I.	Student’s Identification (ID) Number
Student’s Home Phone Number (include area code)			Student’s Alternate or Cell Phone Number

**B. 2015 Additional Financial Information**

If the student was required to provide the parental information on the 2016-2017 FAFSA, answer each question below as it applies to the student and the student’s parent(s) whose information is on the FAFSA. If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student’s spouse, if married) whose information is on the FAFSA.

<u>Source of Income Exclusion</u>	<u>Amount Received</u>	
	<u>Student/Spouse</u>	<u>Parent(s)</u>
Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040- line 50 or 1040A – line 33.	\$ _____	\$ _____
Child support paid because of divorce or separation or as a result of a legal requirement. <b>Don’t include</b> support for children in your household (as reported on the FAFSA).	\$ _____	\$ _____
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$ _____	\$ _____
Taxable student grant and scholarship aid <b>reported to the IRS in your adjusted gross income</b> . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$ _____	\$ _____
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. <b>Do not include</b> untaxed combat pay.	\$ _____	\$ _____
Earnings from work under a cooperative education program offered by a college.	\$ _____	\$ _____

Student’s Signature	Date	Parent’s Signature (if applicable)	Date
---------------------	------	------------------------------------	------

*Submit this worksheet to the Auburn Montgomery Office of Financial Aid  
P.O. Box 244023, Montgomery, AL 36124-4023; fax (334) 244-3913.*

*You should make a copy of this worksheet for your records.*