



NAME: \_\_\_\_\_
ID#: \_\_\_\_\_

FAC21AFI

2019 Additional Financial Information

- PARENT (if parent information required on FAFSA) STUDENT (and spouse)
1. Taxable earnings from need-based employment programs... \$
2. Taxable college grant and scholarship aid reported to the IRS as income... \$
3. Combat pay or special combat pay... \$
4. Earnings from work under a cooperative education program... \$

2019 Untaxed Income

- PARENT (if parent information required on FAFSA) STUDENT (and spouse)
5. Payments to tax-deferred pension and retirement savings plans... \$
6. Child support received for any of your children... \$
7. Housing, food and other living allowances paid to members of the military... \$
8. Veterans non-education benefits... \$
9. Other untaxed income not reported above... \$
10. Money received, or paid on your behalf... \$

I/we certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student) \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE (parent) \_\_\_\_\_ DATE: \_\_\_\_\_

(if parent information required on FAFSA)