

## 2018-2019 STUDENT Verification of Additional Income

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called **verification**. To verify that you provided correct information, the AU Financial Aid Office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the AU Financial Aid Office. A counselor will contact you if any additional information is needed. Verification cannot be completed until all required documentation has been received by the AU Financial Aid Office.

 \_\_\_\_\_  
 Student's Printed Name

 \_\_\_\_\_  
 AU ID#

**Complete all sections of this form. Answer each question below as it applies to the STUDENT'S whose information is on the FAFSA. If more space is needed, provide a separate page with the student's name and ID# at the top. If any item does not apply or if there was no income, enter 'N/A' for Not Applicable where a response is requested or enter a '0' in an area where an amount is requested. Provide information for both the student and the parent(s) listed on the FAFSA.**

**2016 IRS W-2 forms:** Provide copies of all 2016 IRS W-2 forms issued by the employers to the student whose information is on the FAFSA.

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2016, multiply that amount by the number of months in 2016 you paid or received it. If you did not pay or receive the same amount each month in 2016, add together the amounts paid or received each month.

### A. Child Support Paid

List the actual amount of any child support **paid by the student** in 2016 because of divorce or separation or as a result of a legal requirement. **Do not** include support paid for children you included as part of the number in household on your 2018-2019 FAFSA.

| Name of Adult Who Paid the Support | Name of Child for Whom Support Was Paid | Amount of Child Support Paid in 2016 |
|------------------------------------|---|--------------------------------------|
|                                    |   |                                      |
|                                    |   |                                      |

### B. Taxable Earnings from Need-Based Employment

Include taxable need-based employment earnings from Federal Work Study and/or from need-based employment portions of fellowships and assistantships. **If you do not have a W2 for the earnings reported, attach documentation from your school verifying the amount of need-based wages earned.**

| Name of Student who Earned the Need-Based Wages | Name and Title IV School Code of School that paid the Need-based Earnings | Amount of Need Based Earnings Received in 2016 |
|---|---|--|
|   |   |  |
|   |   |  |

### C. Taxable College Grant and Scholarship Aid Reported to the IRS as Income

Only list the amount that you included as income in your Adjusted Gross Income for 2016. Include grants, scholarships, AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. **You must attach documentation from your 2016 tax return showing the amount that was included in your 2016 income.**

| Name of Scholarship Recipient | Name of Tax Payer who Claimed the Income on their 2016 IRS Tax Return | Amount of Scholarship Included as Income on 2016 IRS Tax Return |
|-------------------------------|---|---|
|                               |   |   |
|                               |   |   |

**D. Taxable Combat Pay**

Enter the amount of taxable combat pay or special combat pay. Only enter the amount that was taxable and included in your 2016 IRS adjusted gross income. Don't include untaxed portions of combat pay. **You must provide a copy of the earnings and leave statement for any income listed below.**

| Name of Recipient | Amount of Combat Pay included in your 2016 IRS Adjusted Gross Income. |
|-------------------|---|
|                   |   |
|                   |   |

**E. Cooperative Education Program Earnings**

List any earnings from work under a cooperative education program offered by a college. **If you do not have a W2 for the earnings reported, attach documentation from your school verifying the amount of need-based wages earned.**

| Name of Student with Cooperative Education Program Earnings | Name and Title IV School Code of School that paid the Cooperative Education Program Earnings | Amount of Cooperative Education Program Earnings Received in 2016 |
|---|--|---|
|   |  |   |
|   |  |   |

**Certification and Signatures**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent whose information was reported the FAFSA must sign and date.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_

Student's Signature (Required)

\_\_\_\_\_

Date

\_\_\_\_\_

Parent's Signature (Required if Student is Dependent on FAFSA)

\_\_\_\_\_

Date

**Do not mail this worksheet to the U.S. Department of Education.  
Submit this worksheet to the AU Financial Aid Office via fax at 202-885-6064 or to the address below.  
You should make a copy of this worksheet for your records.**