

2022-23 Financial Information Verification

STUDENT INFORMATION	Page 1 of 2
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Student Name _____	AU Student ID _____
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DO NOT COMPLETE THIS FORM IF IT HAS NOT BEEN REQUESTED. Do not leave any sections blank. This form cannot be completed in pencil. The fields below refer to the Additional Financial Information and Untaxed Income sections on your 2022-23 FAFSA. Assist us in processing your file by answering the questions below regarding the **2020** calendar year. All amounts given should be yearly amounts rather than weekly or monthly amounts.

Dependent Students: Include any data that applies to you and/or your FAFSA parent(s).
Independent Students: Include any data that applies to you and/or your spouse, if applicable.

2020 Child support paid: Include amounts of both court ordered and voluntary payments.

_____	paid \$	_____	in 2020 to	_____	for	_____
(adult's full name)		(total 2020 amount)		(adult's full name)		(child's full name)
_____	paid \$	_____	in 2020 to	_____	for	_____
(adult's full name)		(total 2020 amount)		(adult's full name)		(child's full name)
_____	paid \$	_____	in 2020 to	_____	for	_____
(adult's full name)		(total 2020 amount)		(adult's full name)		(child's full name)

No child support paid in 2020.

2020 Child support received: Include amounts of both court ordered and voluntary payments.

_____	received \$	_____	in 2020 from	_____	for	_____
(adult's full name)		(total 2020 amount)		(adult's full name)		(child's full name)
_____	received \$	_____	in 2020 from	_____	for	_____
(adult's full name)		(total 2020 amount)		(adult's full name)		(child's full name)
_____	received \$	_____	in 2020 from	_____	for	_____
(adult's full name)		(total 2020 amount)		(adult's full name)		(child's full name)

No child support received in 2020.

2020 Taxable earnings from need-based employment programs, such as Federal Work-Study

_____ received _____ in the amount of \$ _____ for the 2020 year.

(full name) (type of earnings) (total 2020 amount)

No taxable earnings from need-based employment programs in 2020.

Student Name _____ AU Student ID _____

2020 Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received.

Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Total housing, food, or living allowance payments:

_____ received _____ in the amount of \$ _____ for the 2020 year.
(full name) (type of benefit) (total 2020 amount) **No housing, food, and other living allowances paid to members of the military, clergy, and others in 2020.****2020 Veterans non-education benefits****Do not include** veterans educational benefits such as Montgomery GI Bill®, Dependents Education Assistance Program, VEAP Benefits, and/or Post-9/11 Veterans Educational Assistance Act.

Select the veterans non-education benefits received in 2020 and indicate the total amount received for 2020:

- Veteran Disability compensation \$ _____ in 2020 paid to _____
- Veteran Death Pension \$ _____ in 2020 paid to _____
- Dependency and Indemnity Compensation (DIC) \$ _____ in 2020 paid to _____
- VA Educational Work-Study allowance \$ _____ in 2020 paid to _____

 No veterans non-education benefits in 2020.**2020 Other untaxed income****Do not include** student aid, Earned Income Credit, Additional Child Tax Credit, Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Select the untaxed income sources you have received and indicate the total received for 2020:

- Workers' compensation \$ _____ in 2020 paid to _____
- Disability compensation \$ _____ in 2020 paid to _____
- Black Lung Benefits \$ _____ in 2020 paid to _____
- Untaxed portions of health savings accounts \$ _____ in 2020 paid to _____
- Railroad Retirement Benefits \$ _____ in 2020 paid to _____
- Other: _____ for \$ _____ in 2020 paid to _____

 No other untaxed income in 2020.

I hereby certify that all of the information provided on this form is true, complete, and accurate to the best of my knowledge. I agree to provide information that will verify the accuracy of this completed form. I realize that until all requested information has been submitted, reviewed, and verified, no financial aid will be credited to my student account. **I understand that if corrections need to be made to my FAFSA, the Office of Financial Aid will make the corrections based on the verification process.** If I purposely give false or misleading information, I may be fined, sent to prison, or both. I understand that it may take the Office of Financial Aid a minimum of two weeks to process documents.

Student Signature → **Must be drawn and not typed.** _____

Date _____

Parent Signature (If Dependent) → **Must be drawn and not typed.** _____

Date _____

To return this form: Secure Document Uploader: aurora.edu/submitfinaidforms

Fax: 630-844-6191 | Mail: Office of Financial Aid, 347 S Gladstone Ave, Aurora, IL 60506 | In Person: Eckhart Hall, Room 324

Questions: Email: finaid@aurora.edu | Phone: 630-844-6190

Note: Documents submitted via email cannot be accepted due to security reasons.