| Α | FORM SAINFO - Idaho State University 23-3 ADDITIONAL FINANCIAL INFORMATION STUDENT/SPOUSE | | | | SAINFO-24 | | |
|------------------------|--|--|---|---------------------------|---------------|----------------|--|
| pa pro Of inf | The federal government requires colleges to check the accuracy of information your arent(s) provided on your Free Application for Federal Student Aid (<u>FAFSA</u>). This rocess is called verification. You must complete the verification process before the office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial id. Please return this completed form with applicable attachments to: | | | | | | |
| 92 Pł | fice of Financial Aid, Idaho 1 S 8 th Ave, Stop 8077, Poc none: (208)282-2756 an and Upload: <u>isu.edu/fin</u> a | Fax: (208)282-4755 Email | ilding, Third Floor l: <u>financialaid@isu.edu</u> | | | | |
| | udent Name: | | - | | | | |
| (Use | blue or black ink) | Last | First | | | M.I. | |
| *IS | U ID: | *Last | 4 Digits of Social Sec | urity # | : | *Required | |
| 1. | Please complete the item(s) below which apply to you. If none, please use a zero (0). Education credits (Hope and Lifetime Learning Tax Credits) from 2021 IRS Form 1040, Schedule 3, line 3. \$ Attach a signed copy of your 2021 U.S. Federal Tax Return and applicable schedules. Child support PAID in 2021 by you and/or your spouse because of divorce or separation or as a result of a legal requirement. (Do not include support for children living in your household.) Attach documentation (statement from State Child Support, cancelled checks, etc.) of amount paid. | | | | | | |
| ١ | me of person who paid Name of person to whom Name and age of child | | | | | | |
| | child support | child support was paid | whom support was p | paid support paid in 2021 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Total A | Amount of Child Support | t Paid | | | |
| 3. | Taxable earnings from need-based employment programs such as Federal Work Study and need-based employment portions of fellowships and assistantships. | | | s | tudent | Spouse | |
| | List the name of the school(s) w | here you received these funds: | Need-Based Earnings: | \$ | \$ | | |
| 4. | Student grant and scholarship aid reported to IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments) as well as grant or scholarship portions of fellowships and assistantships: Attach a signed copy of your 2021 U.S. Federal Tax Return and applicable schedules. | | | s \$ | tudent \$ | Spouse | |
| 5. | Combat pay or special combat pay. Only enter amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay reported on W-2 (Box 12, Code Q): Attach a signed copy of your 2021 U.S. Federal Tax Return and applicable schedules, and all W-2 form(s). | | | | \$ | | |
| 6. | arnings from work under a cooperative education program offered by a college: | | | | \$ | | |
| WA | RNING: If you purposely give false | gning below certifies that all of the or misleading information, you may | be fined, sent to prison, or bo | | te and corr | ect. | |
| Stu | dent Signature: | Typed signatures n | Date: | | | _ | |
| (v. 1 | 0/27/2022) | i yped signatures n | от ассертеа | (; | S:\24 Forms\f | formSAINFO.wpd | |