

**FORM SAINFO - IDAHO STATE UNIVERSITY  
ADDITIONAL FINANCIAL INFORMATION  
STUDENT/SPOUSE**

21-22

**SAINFO-22**

The federal government requires colleges to check the accuracy of information your parent(s) provided on your Free Application for Federal Student Aid (FAFSA). This process 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 aid. Please return this completed form with applicable attachments to:

**Office of Financial Aid, Idaho State University, Museum Building, Room 337  
921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208)282-2756 Fax: (208)282-4755 Email: [financialaid@isu.edu](mailto:financialaid@isu.edu)  
Scan and Upload: [isu.edu/financialaid/upload](http://isu.edu/financialaid/upload)**

\*Student Name: \_\_\_\_\_  
(Use blue or black ink) Last First M.I.

\*ISU ID: \_\_\_\_\_ \*Last 4 Digits of Social Security #: \_\_\_\_\_  
(Find under Academic Tools tab on [BengalWeb](#)) \*Required

**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 2019 IRS Form 1040-line 50; 1040A-line 33. **Attach a signed copy of your 2019 U.S. Federal Tax Return and applicable schedules.** \$ \_\_\_\_\_
- Child support **PAID in 2019** 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.** \$ \_\_\_\_\_

Name of person who paid child support	Name of person to whom child support was paid	Name and age of child for whom support was paid	Amount of child support paid in 2019
<b>Total Amount of Child Support Paid</b>			

- Taxable earnings from need-based employment programs such as Federal Work Study and need-based employment portions of fellowships and assistantships.
 

	<b>Student</b>	<b>Spouse</b>
<b>Need-Based Earnings:</b>	\$ _____	\$ _____

List the name of the school(s) where you received these funds:

\_\_\_\_\_

- 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:
 

	<b>Student</b>	<b>Spouse</b>
<b>Attach a signed copy of your 2019 U.S. Federal Tax Return and applicable schedules.</b>	\$ _____	\$ _____
- 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):
 

	<b>Spouse</b>
<b>Attach a signed copy of your 2019 U.S. Federal Tax Return and applicable schedules, and all W-2 form(s).</b>	\$ _____
- Earnings from work under a cooperative education program offered by a college:
 

	<b>Spouse</b>
	\$ _____

**CERTIFICATION:** The person signing below certifies that all of the information reported is complete and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**