2007-2008 PARENT WORKSHEET A
VERIFICATION OF OTHER INCOME AND BENEFITS

Failure to complete this form will delay the processing of your aid.

PLEASE PRINT OR TYPE IN BLACK INK! MAIL THIS FORM TO EASTERN ILLINOIS UNIVERSITY, OFFICE OF FINANCIAL AID, 600 LINCOLN AVE, CHARLESTON IL 61920-3099, OR FAX TO 217-581-6422.

_____
Student Soc. Sec. #

_____ _____
Student Last Name Student First Name

Because verification of your other untaxed income and benefits is required, please complete the section below.

COMPLETE WITH THE AMOUNTS RECEIVED IN CALENDAR YEAR 2006 (LEAVE NOTHING BLANK-If a question does not apply, put zero or DNA.)

Earned income credit from IRS Form 1040-line 66A; 1040A-line 40A; 1040EZ-line 8A. _____

Additional child tax credit from IRS Form 1040-line 68 or 1040A-line 41. _____

Welfare benefits, including Temporary Assistance for Needy Families (TANF). Don't include food stamps or subsidized housing. _____

Social Security benefits received that were not taxed (such as SSI). _____

REQUIRED SIGNATURES

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct.

If married, spouse signature is required.

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 **Date**

_____ _____
Father's/Step-Father's Signature **Date** **Mother's/Step-Mother's Signature** **Date**

WKAP