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|-----------|----------|---------|------|---------|---------|-------|--------|
| ENTER THE | COMBINED | AMOUNIS | FORI | OUR PAR | ENT ANL | THEIR | SPOUSE |

AN INCOMPLETE FORM WILL DELAY PROCESSING

| Because verification of your other untaxed income and benefits is required, please complete the section below. |
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| COMPLETE WITH THE AMOUNTS RECEIVED IN CALENDAR YEAR 2021 |

LEAVE NOTHING BLANK - If a question does not apply, enter zero or "DNA".

| Payments to tax-deferred | pension and | savings plans | (paid directly or withheld |
|--------------------------|-------------|---------------|----------------------------|
|--------------------------|-------------|---------------|----------------------------|

| from earnings), including, but not limited to, amounts reported on th | e W-2 Form in |
|---|---------------|
|---|---------------|

| Box | 12a through | 12d, codes D | , E, F, G, H, | and S. Do I | not include amounts | reported |
|-----|-------------|--------------|---------------|-------------|---------------------|----------|
|-----|-------------|--------------|---------------|-------------|---------------------|----------|

in Code DD (employer contributions toward employee health benefits).

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| Child support received for any of your children. | |
|---|--------|
| Do not include foster care or adoption payments. | \$ |
| Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the | |
| value of on-base military housing or the value of a basic military allowance for housing. | \$ |
| Veterans non-education benefits , such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | \$ |
| Enter the total amount of any other untaxed income or benefits, such as workers | |
| compensation, Black Lung Benefits, untaxed portions that you (and, if married, your spouse) received in 2021. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1-line 25. Do not include extended foster care benefits, student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., | |
| cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels. | \$ |

By signing this worksheet, I / we certify that all the information reported to qualify for Federal student aid is complete and correct. IF TWO PARENT HOUSEHOLD, BOTH PARENTS MUST SIGN. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

| PARENT SIGNATURE | DATE |
|--------------------------------------|------|
| PARENT SPOUSE SIGNATURE (IF MARRIED) | DATE |
| | |

Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **finaidverification@eiu.edu** or by fax at 217-581-6422.

