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| E |              |           |            |
|   | Student ID # | Last Name | First Name |

## Parent Income Exclusion Worksheet

AN INCOMPLETE FORM WILL DELAY PROCESSING

Based upon review of your Free Application for Federal Student Aid (FAFSA), documents submitted to our office, and/or work-study data in our records, additional information is needed to clarify these income items.

**PARENT INCOME EXCLUSIONS**

Report amounts for the parents whose information is provided on your FAFSA. If parent is remarried, stepparent information is also required. Report amounts received for the calendar year 2015. If the correct amount is \$0, please enter "\$0." **Do not leave any items blank.**

|   |                 |
|---|-----------------|
| <p>Education credits (American Opportunity, Hope and Lifetime Learning tax credits) from IRS Form 1040—line 49 or 1040A—line 31.</p>  | <p>\$ _____</p> |
| <p>Child support paid because of divorce or separation or as a result of a legal requirement. <b>Don't include</b> support for children in parent's household, as reported in question 72. <b>If you report child support paid by parents, you must list below the names of the children for whom support was paid:</b></p> <p>_____</p> <p>_____</p> | <p>\$ _____</p> |
| <p>Parent's taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.</p>  | <p>\$ _____</p> |
| <p>Parent's taxable student grant and scholarship aid reported to the IRS in parent's adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.</p>   | <p>\$ _____</p> |
| <p>Combat pay or special combat pay. Only enter the amount that was taxable and included in parent's adjusted gross income. Do not enter untaxed combat pay.</p>  | <p>\$ _____</p> |
| <p>Earnings from work under a cooperative education program offered by a college.</p>   | <p>\$ _____</p> |

**I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide proof of the information given on this form.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_