

<b>E</b>			
	Student ID #	Last Name	First Name

### Student 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.

#### STUDENT INCOME EXCLUSIONS

If you were married as of the date your FAFSA was filed, your spouse's 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.**

Education credits (American Opportunity, Hope and Lifetime Learning tax credits) from IRS Form 1040—line 49 or 1040A—line 31. \$ \_\_\_\_\_

Child support paid because of divorce or separation or as a result of a legal requirement. **Don't include** support for children in your household, as reported in question 93. **If you report child support paid, you must list below the names of the children for whom support was paid:** \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Taxable student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. \$ \_\_\_\_\_

Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay. \$ \_\_\_\_\_

Earnings from work under a cooperative education program offered by a college \$ \_\_\_\_\_

**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.**

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