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Student ID # **Last Name** **First Name**

2016-2017 Worksheet for Student Change of Marital Status
Federal Student Aid Programs

Your application was selected for review in a process called "Verification". In this process, we will be comparing information from your application with signed copies of yours and your spouse's 2015 Federal Income Tax forms and with W-2 forms or other financial documents. By federal law, we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, we may need to make corrections electronically.

The deadline for appeals for students enrolled fall semester only is November 1, 2016. The deadline for students enrolled spring semester only or for both fall and spring semesters is April 1, 2017.

Date of Marriage: _____ (**INCLUDE COPY OF MARRIAGE LICENSE/CERTIFICATE**)

A. Family Information

1. List the people in your (married) household. Include:

- Yourself, and your spouse and
- your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017, and
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member who will be attending college at least half time between July 1, 2016 and June 30, 2017, and will be enrolled in a degree, diploma or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	**EIU**
		Spouse	

2. Complete this section if someone in the student's household (listed in Section A) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years.

☐ One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015. **If checked, please attach documentation of the receipt of SNAP benefits during 2014 and/or 2015**.

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Student ID # **Last Name** **First Name**

B. Student's Tax Forms and Income Information

1. Check only one box below. You can request a copy of your Internal Revenue Service **Tax Return Transcript** that lists tax information from the www.irs.gov website, by phone at 1-800-908-9946, or by mail with paper form 4506-T or 4506-EZ

   ☐ Check here if you are attaching a signed copy of your **tax return transcript**.

   ☐ Check here if you will not file and are not required to file a 2015 U.S. Income Tax Return. (This includes the 2015 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return.)

2. If you did not file and are not required to file a 2015 Federal Income Tax Return, list below your employer(s) and any income received in 2015 (use the W-2 form or other earnings statements if available). **Attach a copy of all W-2 forms.**
   (**IF NO INCOME RECEIVED OR NOT EMPLOYED, ENTER "0")**

Employer/Source	2015 Amount
	$
	$
	$

C. Spouse's Tax Forms and Income Information

1. Check only one box below. You can request a copy of your Internal Revenue Service **Tax Return** Transcript that lists tax information from the www.irs.gov website, by phone at 1-800-908-9946, or by mail with paper form 4506-T or 4506-EZ

   ☐ Check here if you are attaching a signed copy of your **tax return transcript**.

   ☐ Check here if you will not file and are not required to file a 2015 U.S. Income Tax Return. (This includes the 2015 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return.)

3. If you did not file and are not required to file a 2015 Federal Income Tax return, list below your spouse's employer(s) and any income received in 2015 (use the W-2 form or other earnings statements if available.) **Attach a copy of all W-2 forms.**
   (**IF NO INCOME RECEIVED OR NOT EMPLOYED, ENTER "0")**

Employer/Source	2015 Amount
	$
	$
	$

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Student ID # Last Name First Name

2015 UNTAXED INCOME

	STUDENT	SPOUSE
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Do not include amounts reported in Code DD (employer contributions toward employee health benefits).	$	$
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.	$	$
Other untaxed income not reported in items 44a through 44h, such as worker's compensation, disability, etc. Also include the first-time homebuyer tax credit from IRS Form 1040-line 67. **Do not include** student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act education 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.	$	$
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	$	$

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Student ID # **Last Name** **First Name**

2015 INCOME EXCLUSIONS

	STUDENT	SPOUSE
Education credits (American Opportunity, Hope and Lifetime Learning tax credits) from IRS Form 1040—line 50 or 1040A—line 33.	$	$
Child support paid because of divorce or separation or as a result of a legal requirement.	$	$
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.	$	$

Our office must review the requested information, under the financial aid program rules (34 CFR, Part 668). By signing this worksheet, you certify that all of the information reported on it is complete and correct. If there are any differences between what was reported on this worksheet and the information reported on the Free Application for Federal Student Aid, the information contained on this form, and submitted with it, will be used to make corrections to the original application.

***Warning**: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.*

Student Signature _____ Date_____

Spouse Signature_____ Date_____

The deadline for appeals for students enrolled fall semester only is November 1, 2016. The deadline for students enrolled spring semester only or for both fall and spring semesters is April 1, 2017.

EASTERN ILLINOIS UNIVERSITY, OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
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