



The Florida State University
 Office of Financial Aid
 Tallahassee FL 32306-2430
 (850) 644-0539
 www.fsu.edu

Student Name _____

Social Security Number _____

2007 TITLE IV INCOME EXCLUSION VERIFICATION FORM (TIEV)

The information you submitted on the Free Application for Federal Student Aid (FAFSA) or the Renewal FAFSA application Worksheet C question 42 and/or 86 indicated income to be excluded when determining your eligibility for financial aid. **List any applicable amount for you and/or your spouse or parent(s) or enter zero if exclusion does not apply.**

Please indicate if the income exclusion reported was from:

	TOTAL FOR PARENT(S)	TOTAL FOR STUDENT/SPOUSE
1. Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040-line 49 or 1040A-line 31.	\$	\$
2. Child support paid out because of divorce or separation. Do not include support for children in your (or your parents') household, as reported in FAFSA questions 90 (or 66 for your parents).	\$	\$
3. Taxable earnings from Federal Work Study or other need based work programs.	\$	\$
4. Student grant, scholarship, fellowship, and assistantship aid including AmeriCorps awards, that was reported to the IRS in your (or your parents') adjusted gross income.	\$	\$

IF THE INCOME REPORTED DOES NOT FALL WITHIN ANY OF THE CATEGORIES ABOVE, YOU MUST CERTIFY THAT THE AMOUNT WAS REPORTED IN ERROR.

CERTIFICATION

____ I/We certify that the income exclusion was reported in error.

I certify that all of the information reported above is accurate to the best of my knowledge.

Student _____

Date _____

and Spouse Signature _____

Date _____

and Parent Signature _____
 for Dependent Student ONLY

Date _____

VER