



Name \_\_\_\_\_

Empl ID \_\_\_\_\_

Date \_\_\_\_\_

**2018-2019 ADDITIONAL FINANCIAL INFORMATION VERIFICATION (FATIEVO)**

The amount listed on the Free Application for Federal Student Aid (FAFSA) indicated income was reported for 2016 in the “additional financial information” section. The law states that before awarding Federal Student Aid, verification may be requested to confirm information submitted on the FAFSA. List any applicable amount for you and/or your spouse or parent(s) or enter a zero if an amount does not exist. Any differences between verification documentation and the initial FAFSA submitted, may result in a correction to your FAFSA information.

**2016 Additional Financial Information:**

	Parent(s):	Student/Spouse:
<b>A. Child support paid out</b> because of divorce or separation (payment summary required). Do not include support for children in your (or your parents’) household, as reported on FAFSA. <b>Paid to:</b> _____ <b>Paid for:</b> _____	_____	_____
<b>B. Taxable earnings</b> from need-based employment programs (Federal Work Study and need-based employment portions of fellowships and assistantships).	_____	_____
<b>C. Taxable student grant/scholarship aid</b> reported to the IRS in your adjusted gross income (AGI). Includes AmeriCorps benefits (grants, scholarships, fellowships, assistantships).	_____	_____
<b>D. Combat pay or special combat pay.</b> Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	_____	_____
<b>E. Earnings</b> from work under a cooperative education program offered by a college.	_____	_____

**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 \_\_\_\_\_  
\*If married, must have Spouse Signature

and Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
\*If dependent, must have Parent Signature

Florida State University’s Use of Social Security Number policy is available at [http://registrar.fsu.edu/bulletin/undergraduate/information/university\\_notices/](http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/)

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Revised 09/04/2018

Verification Group(s):  
V1, V4, V5, V6