



Name \_\_\_\_\_

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

Date \_\_\_\_\_

**2016-2017 ADDITIONAL FINANCIAL INFORMATION VERIFICATION (FATIEVO)**

The amount listed on the Free Application for Federal Student Aid (FAFSA) indicated income was reported for **2015** 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.

**2015 Additional Financial Information:**

	<b>Parent(s):</b>	<b>Student/Spouse:</b>
<b>A. Education Credits:</b> (American Opportunity, Hope and Lifetime Learning Tax Credit) from IRS Form 1040-line 50, or 1040A- line 33.	_____	_____
<b>B. Child support paid out</b> because of divorce or separation ( <b>payment summary required</b> ). 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>C. Taxable earnings</b> from need-based employment programs (Federal Work Study and need-based employment portions of fellowships and assistantships).	_____	_____
<b>D. Taxable student grant/scholarship aid</b> reported to the IRS in your adjusted gross income (AGI). Includes AmeriCorps benefits (grants, scholarships, fellowships, assistantships).	_____	_____
<b>E. 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>F. 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/undergrad/info/university\\_notices.htm](http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm)

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