

B. STUDENT/SPOUSE 2020 INCOME INFORMATION

1. Current marital status _____. If separated/divorced/widowed, provide date: _____ and must provide wage statement(s).

2. (check only one box below):

Check here if you (and/or your spouse) have used IRS Data Retrieval Tool on FASFA to transfer your 2020 IRS income information into your FASFA.

Check here if you (and/or your spouse) are attaching a copy of your 2020 Federal Tax return Transcript including schedules 1, 2, and 3 if applicable.

Check here if you earned income from wages in 2020 but are NOT required to file a 2020 Federal Tax Return. Complete the chart below and submit copies of the W-2 Statement(s). Along with that, please attach a letter of non filing obtained from the IRS.

Employer: _____ Amt: \$ _____

Employer: _____ Amt: \$ _____

Employer: _____ Amt: \$ _____

Check here if you and/or your spouse did NOT earn any income from wages in 2020 and are NOT required to file a 2020 Federal Tax Return. Please attach a letter of non filing obtained from the IRS.

I was incarcerated from _____ until _____.

MUST ATTACH PROOF OF ANY AMOUNT LISTED BELOW

Please do not leave any item blank. If it does not pertain to you, enter a Ø or n/a.

3. 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 on-base or basic military housing.)
4. Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ _____ (Do not include Montgomery G.I. Bill, Dependent Education Assistance Program, VEAP, or Post 9/11 G.I. Bill.)
5. Money received, or bills in your name paid by others, not reported elsewhere on this form. Yes No

Purpose: e.g., Cash, Rent, Books	Amount Received in 2020	Source

6. Did you or anyone listed in Section A of this form receive benefits in 2020-2021 from any of the federal benefits programs listed? **Mark all the programs that apply (do not need proof).**

- Social Security Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
- Free or Reduced Price School Lunch Temporary Assistance for Needy Families(TANF)
- Other:

If you did not file a tax return for 2020 and you did not indicate receiving assistance from any of the programs above, please explain what resources you used to support you/your family in 2020-2021. Please provide documentation or list below, the amount(s) that was/were received on your behalf.

C. Signatures

By signing this worksheet, we certify that all the information reported is complete and correct

X _____ Date _____

Student

X _____ Date _____

Spouse

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