

## 2018-2019 Additional Financial Information

Student Last Name	First Name	Middle Initial	Redlands ID
Street Address	City	State	Zip
			Phone or Cell Phone Number

The amount that you reported on the FAFSA for Student’s 2016 Additional Financial Information (question 44a-f) or Parent’s 2016 Additional Financial Information (question 93a-f) appeared unusually high. Please confirm the amounts by completing this form and returning it to our office as soon as possible. As a reminder, scholarships and grants should **NOT** be reported unless they are also included in your Adjusted Gross Income for tax purposes; typically this only occurs when the total amount of scholarships/grants received exceeds the cost of tuition and fees.

REPORT ANNUAL AMOUNTS – DO NOT LEAVE ANY BLANK SPACES

<b>Students</b>	<b>Parent(s) (step-parent)</b>
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ADDITIONAL FINANCIAL INFORMATION (questions 43a-f and 91a-f):		
\$	Education credits (American Opportunity, Hope or Lifetime Learning tax credits) from IRS Form 1040-line 50 or 1040A-line 33.	\$
\$	Child support <b>paid</b> because of divorce or separation or as a result of a legal requirement. Do not include support for children in your (or your parents) household, as reported in question 95 and 73.	\$
\$	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 (or your parents’) adjusted gross income. <b>Do not include UR grants/scholarships.</b> Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant or 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.	\$

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student’s email address: \_\_\_\_\_

Parent Signature (custodial parents only) \_\_\_\_\_ Date \_\_\_\_\_

Parent email address for follow-up questions: \_\_\_\_\_