

Your financial aid application has been selected for review. Please provide us with the information that is requested below **within 30 (thirty) days** to finalize your eligibility for aid.

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Last First MI

Permanent Address \_\_\_\_\_  
Street Address City State Zip

SSN (optional) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**2015 UNTAXED INCOME**

Student/Spouse	Calendar Year 2015	Parent(s)
\$	<b>Payments to tax-deferred pension and savings plans</b> (paid directly or withheld from earnings), including but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D,E,F,G,H, and S. <i>Don't include amounts reported in code DD (employer contributions toward employee health benefits).</i> <b>(As relates to questions 45a and 94a on FAFSA)</b>	\$
\$	<b>Child support you received</b> for all children in your household. Don't include foster care, adoption payments or any amount that was court ordered but not actually paid. <b>(As relates to questions 45c and 94c on FAFSA)</b>	\$
\$	<b>Housing, food, and other living allowances paid</b> to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing. <b>(As relates to questions 45g and 94g on FAFSA)</b>	\$
\$	<b>Veterans' non-education benefits received</b> such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. <b>(As relates to questions 45h and 94h on FAFSA)</b>	\$
\$	<b>Other untaxed income</b> not reported elsewhere on this form, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. <b>(As relates to questions 45i and 94i on FAFSA)</b>	\$
\$	<b>Money received or paid on your behalf</b> (e.g., bills), not reported elsewhere on this form. <b>(As relates to questions 45j on FAFSA)</b>	XXXXXXXXXXXX
\$	<b>◀ TOTAL</b> <span style="float:right"><b>TOTAL ▶</b></span>	\$

**Signature(s) - REQUIRED**

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 \_\_\_\_\_ Date \_\_\_\_\_

Parent (if dependent) \_\_\_\_\_ Date \_\_\_\_\_

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