

Your financial aid application (2017-2018 FAFSA) 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)
\$	Payments to tax-deferred pension and savings plans (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> (As relates to questions 45a and 94a on FAFSA)	\$
\$	Child support you received for all children in your household. Don't include foster care, adoption payments or any amount that was court ordered but not actually paid. (As relates to questions 45c and 94c on FAFSA)	\$
\$	Housing, food, and other living allowances paid 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. (As relates to questions 45g and 94g on FAFSA)	\$
\$	Veterans' non-education benefits received such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. (As relates to questions 45h and 94h on FAFSA)	\$
\$	Other untaxed income 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. (As relates to questions 45i and 94i on FAFSA)	\$
\$	Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form. (As relates to questions 45j on FAFSA)	XXXXXXXXXXXX
\$	◀ TOTAL	\$

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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