



2022-2023 Additional Financial Information

Student Name:	
Student ID#:	

Please list the amount received in **2020** for each of the items in the chart below. Please use **yearly totals**, not monthly amounts. **Do not leave anything blank. If no income was received from the source listed, write "0"**.

- The verification process may take SEVERAL WEEKS and your federal financial aid will not be determined until the process is complete.
- We suggest that you submit all information by one of the methods listed below WITHIN 2 WEEKS.
- DO NOT make any changes to the FAFSA while in the Verification process.
- ***If any of the sections of this worksheet are left blank or any signatures are missing, this worksheet will be returned for completion, thereby delaying the processing of your financial aid.***
- Thank you for your cooperation and prompt response.

2020 ADDITIONAL FINANCIAL INFORMATION FAFSA Question 43/91 ADDITIONAL FINANCIAL INFORMATION	Student Enter an amount <u>or</u> \$0	Student's Spouse or Student's Parent(s) Enter an amount <u>or</u> \$0
Education Credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) 2020 IRS Form 1040 Schedule 3 – line 3.	\$ /year	\$ /year
Child Support Paid for Children Not Included In Your Household Child support paid from Jan. 1- Dec. 31, 2021 because of divorce or separation or as a result of a legal requirement. Don't include support for children in the household. Name of the child for whom the child support was paid. _____	\$ /year	\$ /year
Taxable Earnings From Need-Based Employment Programs Federal Work-Study and need-based employment portions of fellowships & assistantships in 2020.	\$ /year	\$ /year
Taxable College Grants and Scholarship Aid reported to the IRS as income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships & assistantships.	\$ /year	\$ /year
Combat Pay or Special Combat Pay Only enter the amount that was taxable and included in adjusted gross income. Don't include untaxed combat pay.	\$ /year	\$ /year
Earnings From Work Under a Cooperative Education Program (Co-op offered by a college)	\$ /year	\$ /year

SIGNATURES

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If the student is a dependent, at least one parent must sign. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. PEN SIGNATURE REQUIRED (Electronic signatures will not be accepted.)**

Student's Signature _____ Date _____

Parent's Signature (if student is dependent) _____ Date _____

Forms can be submitted in ONE of the following ways:

Submitting online via our secure FILEDROP by visiting: [MinotStateU.edu/financialaid/verification.shtml](https://www.minotstate.edu/financialaid/verification.shtml)
 Mailing to: Minot State University, Financial Aid Office, 500 University Ave W, Minot, ND 58707
 Drop Off on Campus: Minot State Financial Aid Office, 2nd floor, Administration Building
 Phone: 800-777-0750 or 701-858-3375 • Secure Fax: 701-858-4310 • For additional questions, email: financialaid@minotstateu.edu