



Student's Name \_\_\_\_\_ SLU Banner ID \_\_\_\_\_

**Your FAFSA (Free Application for Federal Student Aid) has been selected under federal regulations for verification. The verification process will be conducted by SLU in accordance with the U.S. Dept. of Education's Verification Regulations (Title 34 CFR 668, Subpart E). Failure to complete verification will delay awarding and disbursement of funds to your student account. If any additional information is needed to resolve conflicting or unclear data, you will be notified by Student Financial Services.**

**2019 IRS W-2 Forms:** Provide copies of all 2019 IRS W-2 forms issued by the employer(s) to the student and spouse (if married) whose information is listed on the FAFSA.

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2019, multiply that amount by the number of months in 2019 you paid or received it. If you did not pay or received the same amount each month in 2019, add together the amounts you paid or received each month. If more space is needed, provide a separate page with the student's name and ID number at the top.

### Supplemental Nutrition Assistance Program (SNAP – Formerly FOOD STAMPS)

|  |  |                         |
|--|--|-------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did anyone listed in your household on the FAFSA receive benefits from the Supplemental Nutrition Assistance Program (food stamps) at any time during the 2019 or 2020 calendar years? |                         |
| Name of Recipient of SNAP Benefits                       |  | Relationship to Student |
|  |  |                         |
|  |  |                         |
|  |  |                         |
|  |  |                         |

### 2019 Child Support Paid

|  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did anyone listed in your household <u>pay</u> child support during 2019? |   |   |
| Name of Person Who Paid Child Support                    | Name of Person to Whom Child Support Was Paid                             | Name and Age of Child for Whom Support was Paid | Annual Amount of Child Support Paid in 2019 |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
| Total Amount of Child Support Paid                       |   |   | \$  |

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### 2019 HOUSEHOLD RESOURCES

Select Yes or No for each income resource and then complete corresponding sections below.

|   |          |                     |
|---|----------|---------------------|
| Tax Deferred Pension & Retirement Savings | YES / NO | (If yes, section A) |
| Child Support Received                    | YES / NO | (If yes, section B) |
| Housing, Food, etc. for Military/Clergy   | YES / NO | (If yes, section C) |
| Veterans Non-Education Benefits           | YES / NO | (If yes, section D) |
| Other Untaxed Income                      | YES / NO | (If yes, section E) |
| Money received on Student/Spouse behalf   | YES / NO | (If yes, section F) |

#### A. 2019 Payments to tax-deferred pension and retirement savings (Student / Spouse Information)

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to , amounts reported on W-2 forms in Boxes **12a** through **12d** with Codes **D, E, F, G, H, or S**.

| Name of Person Who Made the Payment                                  | Total Amount Paid in 2019 |
|--|---------------------------|
|  |                           |
|  |                           |
| <b>Total Payments to Tax Deferred Pension and Retirement Savings</b> | <b>\$</b>                 |

#### B. 2019 Child Support received by members of the household (Student / Spouse Information)

List the actual annual amount of any child support receive for ALL children in your household. **Do not include in this section** foster care payments, adoption payments, or any amount that was court-ordered but not actually received.

| Name of Adult Who Received the Support        | Name of Child for Whom Support was Received | Amount of Child Support Received in 2019 |
|---|---|--|
|   |   |  |
|   |   |  |
|   |   |  |
| <b>Total Amount of Child Support Received</b> |   | <b>\$</b>                                |

#### C. 2019 Housing, food, and other living allowances paid to members of the military, clergy and others (Student / Spouse Information)

Include cash payments and/or the cash value of benefits received.

**Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

| Name of Recipient                        | Type of Benefit Received | Amount of Benefit Received in 2019 |
|--|--------------------------|------------------------------------|
|  |                          |                                    |
|  |                          |                                    |
|  |                          |                                    |
|  |                          |                                    |
| <b>Total Amount of Benefits Received</b> |                          | <b>\$</b>                          |

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#### D. 2019 Veteran's non-education benefits (Student / Spouse Information)

List the total amount of veterans non-education benefits received in 2019. Include Disability, Death Pension, Dependency and Indemnity

Compensation (DIC), and/or VA Educational Work-Study allowances.

**Do not include** federal veteran's educational benefits such as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, and VEAP Benefits.

| Name of Recipient                 | Type of Veteran's Non-Education Benefit | Amount of Benefit Received in 2019 |
|-----------------------------------|---|------------------------------------|
|                                   |   |                                    |
|                                   |   |                                    |
|                                   |   |                                    |
|                                   |   |                                    |
| Total Amount of Benefits Received |   | \$                                 |

#### E. 2019 Other untaxed income (Student / Spouse Information)

List the total amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS form 1040 Schedule 1-line 12, Railroad Retirement Benefits, etc.

**Do not include** any items reported or excluded in A-D of this form. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, TANF, untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

| Name of Recipient                    | Type of Other Untaxed Income | Amount Untaxed Income Received in 2019 |
|--------------------------------------|------------------------------|--|
|                                      |                              |  |
|                                      |                              |  |
|                                      |                              |  |
|                                      |                              |  |
| Total Amount of Other Untaxed Income |                              | \$                                     |

#### F. 2019 Money received or paid on student's behalf

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2019. Include support from a parent whose information was not reported on the student's 2021-2022 FAFSA. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's. Amounts paid on the student's behalf also include any distributions to the student from 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

| Name of Recipient          | Type of Funding Received/Paid on Student's Behalf | Amount Received/Paid in 2019 |
|----------------------------|---|------------------------------|
|                            |   |                              |
|                            |   |                              |
|                            |   |                              |
|                            |   |                              |
|                            |   |                              |
|                            |   |                              |
|                            |   |                              |
| Total Amount Received/Paid |   | \$                           |

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#### 2019 FINANCIAL STATEMENT (Student / Spouse Information)

Your financial aid verification has thus far indicated that you had an unusually low income in the 2019 tax year.

**NOTE: Additional information may be required if TOTAL EXPENSES exceed TOTAL INCOME listed on the FAFSA.**

**Please calculate the costs of housing, utilities, and food for your household in 2019.**

Total 2019 Housing Expenses:      Total 2019 Utilities Expenses:      Total 2019 Food Expenses:      Total 2019 Expenses:

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**2019 Additional Information: (Student / Spouse Information)**

So that we can fully understand the student's family financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veteran's education benefits, military housing, TANF, etc.

If more space is needed, provide a separate page with the student's name and ID number at the top.

| Name of Recipient                          | Relationship to Student | Type of Financial Support | Amount of Support Received in 2019 |
|--|-------------------------|---------------------------|------------------------------------|
|  |                         |                           |                                    |
|  |                         |                           |                                    |
|  |                         |                           |                                    |
|  |                         |                           |                                    |
| Total Amount of Financial Support Received |                         |                           | \$                                 |

**Briefly describe your family's situation** (Please attach a separate sheet if more space is required):

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**STOP: Did you fully complete this form? We will return any incomplete / unsigned forms for correction.**

By signing, I certify that all of the information reported and/or attached is complete and correct. **WARNING:** If you purposely provide misleading information or withhold information, you may be subject to penalty of law and/or institutional sanctions.

STUDENT'S SIGNATURE

DATE

NOTE: Signatures must be handwritten. Computer fonts not acceptable

SPOUSE'S SIGNATURE

DATE