

Office for Student Financial Affairs
Division of Student Affairs

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www.sfa.ufl.edu

Parent 2010 Additional Financial Information (Excluded)

UFID _____ – Student's Name _____

Dear Parent(s):

We are unable to continue processing your son's/ daughter's 2011-12 application for financial aid because it contains incomplete or conflicting information regarding income that should be excluded in determining financial aid eligibility.

To resolve this discrepancy, complete all items below, sign this form, and return it to our office.

Please do not leave any items blank. If any item does not apply, write 0 or N/A in the space provided.

1. Education credits (American Opportunity, Hope and Lifetime Learning tax credits) on IRS Form 1040 – line 49 or 1040A – line 31. \$ _____

2. Child support **paid** because of divorce or separation or as a result of a legal requirement. **Do not** include support paid for children included in your household size. Total amount of support you **paid** in 2010: \$ _____ (Total)

Below, list each child's name and the monthly amount you paid.

_____	Child's Name	\$ _____	Monthly Amount
_____	Child's Name	\$ _____	Monthly Amount
_____	Child's Name	\$ _____	Monthly Amount

3. Earnings from need-based employment programs, such as Federal Work-Study, Florida Work Experience Program, and need-based employment portions of fellowships and assistantships. \$ _____

4. Total student grant and scholarship aid reported in the adjusted gross income of your 2010 tax return. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. \$ _____ (Total)

Below, list the dollar amount and the source.

\$ _____	Amount	_____	Source	\$ _____	Amount	_____	Source
\$ _____	Amount	_____	Source	\$ _____	Amount	_____	Source

5. Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income of your 2010 tax return. Combat pay is reported on W-2 forms in Box 12, denoted with Code Q. \$ _____

6. Earnings from work under a cooperative education program offered by a college. \$ _____

All information provided on this form is true and complete to the best of my/our knowledge.

Parent's Signature / Date

Student's Signature / Date

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PEDC _____	PGSA _____
PCSP _____	PCBP _____
PNBE _____	PCOP _____

UFID _____ 1 82
Name _____