

Supplemental Income & Benefits Form

Parent & Student Verification

Student Name _____ University ID Number _____
 (Please print) Last First Middle

Complete the information below for the student whose information is on the 2009-2010 FAFSA..

Financial Information: *Please enter a \$0 for those items that may not apply.* Please refer to our Verification webpage for more detailed information at <http://www.indiana.edu/~sfa/applying/verification.html>.

	Parent Information	Student Information
Child Support Received	\$	\$
Living Allowances	\$	\$
Veterans Non-Educational Benefits	\$	\$
Other Untaxed Income Not Reported	\$	\$
Money Received or Paid On Your Behalf (e.g., bills)	X	\$

Child Support Paid	\$	\$
Taxable Earnings from Federal Work Study or Fellowships	\$	\$
Grant and Scholarship Aid Enter the Amount on your 1098-T	\$	\$
Combat Pay	\$	\$

Statement of Understanding: *I certify all the information reported above is complete and correct to the best of my knowledge.*

Parent Signature _____

Student Signature _____

Date _____

Date _____