

# Supplemental Income & Benefits Form

## Independent Student Verification

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

Please complete the information below.. You may refer to [www.fafsa.ed.gov](http://www.fafsa.ed.gov) for more detailed information.

**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>.

	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)	\$

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

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_