

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

2019-2020 ADDITIONAL FINANCIAL INFORMATION FORM

STUDENT'S NAME _____

STUDENT ID # _____

Instructions: Provide information for the student (and spouse if married) and parent(s) (if dependent) whose information was provided on the FAFSA. Complete all sections. If an item does not apply, enter a "0". If reporting student & spouse or amounts for two parents, report the <u>yearly combined</u> amounts in the appropriate columns.	Parent(s)	Student/ Spouse
A. Education credits (America Opportunity, Hope or Lifetime Learning tax credits) in 2017. <i>IRS Form 1040 – line 50 or 1040A – line 33</i>	\$	\$
B. Total annual amount child support PAID because of divorce or separation or as a result of a legal requirement in 2017. Do not include support for children in your household, as reported in question 73 and 95.	\$	\$
C. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships in 2017.	\$	\$
D. Grant and scholarship aid reported to the IRS in your/your parents' adjusted gross income in 2017. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	\$
E. Combat pay or special combat pay in 2017. <i>Only enter the amount that was included in your adjusted gross income for 2017. Do not include</i> untaxed combat pay.	\$	\$
F. Earnings from work under a cooperative education program offered by a college in 2017.	\$	\$
G. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, Codes D,E,F,G,H and S in 2017. Do not include amounts reported in code DD (employer contributions toward employee health benefits).	\$	\$
H. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans in 2017. <i>IRS Form 1040 – line 28 + line 32 or 1040A line 17</i>	\$	\$
I. Total annual amount of child support RECEIVED for any of your/your parents' children in 2017. Don't include foster care or adoption payments.	\$	\$
J. Tax exempt interest income in 2017. <i>IRS 1040 – line 8b or 1040A – line 8b</i>	\$	\$
K. Untaxed portions of IRA distributions in 2017. <i>IRS Form 1040 lines (15a minus 15b) or 1040A – lines (11a minus 11b). Exclude</i> rollovers. If negative, enter a "0".	\$	\$
L. Untaxed portions of pensions in 2017. <i>IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b). Exclude</i> rollovers. If negative, enter a "0".	\$	\$
M. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits) in 2017. Do not include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
N. Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances in 2017.	\$	\$
O. Other untaxed income not reported in items 94a through 94h, such as worker's compensation, disability, etc in 2017. Also include the untaxed portion of health savings accounts from IRS 1040 – line 25. Do not include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act 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.	\$	\$
P. Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form in 2017.	\$	\$
Total annual amount of all lines (A-P) above:	\$	\$

The person(s) signing this form certifies that all the information reported on it is complete and correct.

STUDENT SIGNATURE _____

DATE _____

PARENT SIGNATURE (dependent students only) _____

DATE _____