



## 2017-2018 Independent Request For Additional Financial Information Worksheet for Federal Student Aid Programs at Monmouth College

The information you provide on this form will be used to verify financial aid records (including information provided on the FAFSA application), create emergency contact records, and build alumni records on the campus of Monmouth College, Monmouth, Illinois. The law states that we have a right and a responsibility to request, collect and verify this information before awarding federal aid.

**A. Student Contact Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Permanent Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Birth date: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Preferred Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**B. Spouse's (if you have one) Contact Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Permanent Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Birth date: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Preferred Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**C. Household Information: List Below the people in the Student's household. Include:**

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2017, through June 30, 2018, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provide more than half of that person's support through June 30, 2018.

In order to verify the enrollment of family members using the National Student Clearinghouse, we will need their full name, social security number and date of birth.

Full Legal Name	Relationship to you	Age	Date of Birth	Social Security # (to confirm enrollment)	If Enrolled (July 2016 – June 2017) list name of College below
1.	<b>yourself</b>		/ /	- -	
2.			/ /	- -	
3.			/ /	- -	
4.			/ /	- -	
5.			/ /	- -	
6.			/ /	- -	
7.			/ /	- -	
8.			/ /	- -	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary education institution is inaccurate.

**PLEASE ANSWER ALL SECTIONS – DO NOT LEAVE BLANK**

**D. Student Tax Transcripts and Income Information: (check one)**

**Important Note:** The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) which is part of the FAFSA on the Web at [FAFSA.gov](http://FAFSA.gov). In most cases, no further documentation is needed to verify 2015 income if the information was not changed by the FAFSA filer.

- I have used the IRS DRT in the FAFSA on the Web to transfer 2015 IRS income tax return information into the student’s FAFSA.
- I have not yet used the IRS DRT in the FAFSA on the Web but will use the tool to transfer 2015 IRS income tax return information into the student’s FAFSA by \_\_\_\_\_ (date).
- I am enclosing a 2015 U.S. (Federal) Income Tax Return Transcript I obtained from the Internal Revenue Service (IRS).
- I am unable or chose not to use the IRS DRT in the FAFSA on the Web, and instead will provide the school with a **2015 IRS Tax Return Transcript from the Internal Revenue Service (IRS) online at [www.irs.gov](http://www.irs.gov) or by phoning the IRS (1-800-908-9946) by \_\_\_\_\_ (date).**
- I am not required to file, nor filed, a 2015 U.S. (Federal) Income Tax Return. If marking this option, indicate sources of income below.

If you are not required to file a 2015 Federal income tax return but did work, list the name of your employer(s) and any income received in 2015.

Employer Name:	Amount:
Employer Name:	Amount:

**E. Spouse’s (if married) Tax Transcripts and Income Information: (check one)**

**Important Note:** The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) which is part of the FAFSA on the Web at [FAFSA.gov](http://FAFSA.gov). In most cases, no further documentation is needed to verify 2015 income if the information was not changed by the FAFSA filer.

- I have used the IRS DRT in the FAFSA on the Web to transfer my spouse’s 2015 IRS income tax return information into my FAFSA.
- I have not yet used the IRS DRT in the FAFSA on the Web but will use the tool to transfer my spouse’s 2015 IRS income tax return information into the student’s FAFSA by \_\_\_\_\_ (date).
- I am enclosing a 2015 U.S. (Federal) Income Tax Return Transcript my spouse obtained from the Internal Revenue Service (IRS).
- I am unable or chose not to use the IRS DRT in the FAFSA on the Web for my spouse’s income tax information, and instead will provide the school with a **2015 IRS Tax Return Transcript from the Internal Revenue Service (IRS) online at [www.irs.gov](http://www.irs.gov) or by phoning the IRS (1-800-908-9946) by \_\_\_\_\_ (date).**
- My spouse is not required to file, nor did he/she file, a 2015 U.S. (Federal) Income Tax Return. If marking this option, fill in sources of income below.

If your spouse is not required to file a 2015 Federal income tax return but did work, list the name of his/her employer(s) and any income received in 2015.

Employer Name:	Amount:
Employer Name:	Amount:

**F. Other Untaxed Income in 2015 not viewable on a federal tax return: Please complete do not leave any question blank. If the answer does not apply, indicate by putting a \$0 or N/A.**

- Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not parent of a legal child support agreement. Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_
- Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits.) Don’t include the value of on-base military housing or the value of a basic military allowance for housing. Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_
- Veterans non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances. Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_
- Other untaxed income not reported in items 45a through 45h (of the FAFSA), such as workers’ compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – line 25. Don’t 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 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. Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_
- Payments to tax-deferred pension and retirement 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. Student \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_



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**G. Explanation of Financial Support:** If you have indicated you are not required to file a tax return in Item D and Item E above, and if you have little or no sources of income listed in Item F above, then you are required to explain how the family was financially supported during the 2015 calendar year. Please complete do not leave any question blank. If the answer does not apply, indicate by putting a \$0 or N/A.

- Members of my household receive Child Support payments in the amount of: \_\_\_\_\_ per month.
- Members of my household receive Supplemental Nutrition Assistance Program (SNAP) in the amount of: \_\_\_\_\_ per month.
- Members of my household receive free or reduced price school lunch payments in the amount of: \_\_\_\_\_ per month.
- Members of my household receive Temporary Assistance for Needy Families (TANF) payments in the amount of: \_\_\_\_\_ per month.
- Members of my household receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) payments in the amount of: \_\_\_\_\_ per month.
- Members of my household receive untaxed Social Security benefits in the amount of: \_\_\_\_\_ per month.
- Members of my household receive Supplemental Security Income in the amount of: \_\_\_\_\_ per month.
- Members of my household receive foster care or adoption payments in the amount of: \_\_\_\_\_ per month.
- Other: Explain here if there is any other income in the household, including extended family members or friends that are helping support the family. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**H. Required Signatures:**

Each person(s) signing below certify that all the information reported on this worksheet is complete and correct.

\_\_\_\_\_  
 Student's Signature  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse's Signature (if applicable)