2015–2016 Parent Income Exclusion Verification

**Student Name:**

(Please print)

**Loyola ID:**

(Your 11-digit Loyola ID number begins 0000.)

**Directions:** Additional information is need to verify the information provided on your FAFSA and/or parent(s)' federal tax return. Please indicate the annual amounts your parents received or paid during the calendar year from January 1, 2014 to December 31, 2014. Indicate N/A if an item does not apply.

- **Education credits (Hope and Lifetime Learning Tax Credits) from 2014 IRS Form 1040-line 49; or 1040A-line 31**
  
  $________________

- **Child support actually paid because of divorce or separation. Do not include support for children in your household.**
  
  $________________

- **Taxable earnings from Federal Work-Study or other need-based work programs.**
  
  $________________

- **AmeriCorps awards—allowances and benefits**
  
  $________________

- **Student grant and scholarship aid in excess of the tuition, fees, books, and supplies. (For further information on this topic, visit: [www.irs.gov](http://www.irs.gov))**
  
  $________________

- **Combat pay or special combat pay. Enter taxable amount (reported in adjusted gross income) only**
  
  $________________

**Certification Statement:**

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

______________  ________________

Parent 1 Signature Date

______________  ________________

Parent 2 Signature Date