

University of St. Augustine for Health Sciences

2023-2024 Verification of Additional Financial Information - Student

The Department of Education has flagged your 2023-2024 FAFSA for conflicting information involving income and tax information transferred from IRS records using the IRS Data Retrieval Tool (IRS DRT). Per federal regulations, we are required to verify the amounts of Additional Financial Income that you reported for when completing your 2023-2024 FAFSA.

In the chart below, please enter the total amount of each source of funds you received in 2021. If you are married, also include spouse information. **Please make sure to enter a zero (\$0) if no funds were received.**

Student's Additional Financial Information for 2021	Total Annual Amount Received in 2021 by Stud (and Spouse, if applicable) (Do not report monthly amounts)
Education Credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040 –Schedule 3– line 3.	\$
Child support paid because of divorce or separation or as a result of a legal requirement. Do not include support for children you reported in your household, as reported in question 90 on your FAFSA.	\$
Taxable Earnings from need-based employment programs , such as Federal Work Study and need-based employment portions of fellowships and assistantships	\$
Taxable college grant and scholarship aid reported to the IRS as income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
Combat Pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not include untaxed combat pay.	\$
Earnings from work under a cooperative education program offered by a college.	\$

Certification and Signature

Each person signing below certifies that all the information reported is complete and correct. *Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.*

Print Student's Name

Student's USAHS ID/SSN

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date