

# 2018-2019 Parent Additional Financial Information Form



**Office of Student Financial Aid**  
University of Illinois at Urbana-Champaign  
620 East John Street – MC 303  
Champaign, IL 61820-5712  
Fax (217) 265-5516 Phone (217) 333-0100

Student Name: \_\_\_\_\_  
*Last First MI*

UIN: \_\_\_\_\_  
*(Number on I-Card or Admissions Letter)*

This letter is in regards to answers reported by your parent(s)/stepparent on Question 93a-f on your 2018-2019 Free Application for Federal Student Aid (FAFSA). Please refer to Question 93a-f on your FAFSA to complete this form listing your parent(s)/stepparent's additional financial information from 2016. Please either fax it to (217) 265-5516 or mail it to the address listed above.

**Type of Additional Financial Information**

**2016 Total**

Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040-line 50 or 1040A-line 33. \$ \_\_\_\_\_

Child support your parent(s)/stepparent **PAID** because of divorce or separation or as a result of a legal requirement. **Don't include** support for children in your parents' household, as reported in question 73. \$ \_\_\_\_\_

Your parents' taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. \$ \_\_\_\_\_

Your parents' 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 or scholarship portions of fellowships and assistantships. \$ \_\_\_\_\_

Combat pay or special combat pay. Only enter the amount that was taxable and included in your parents' adjusted gross income. **Don't include** untaxed combat pay. \$ \_\_\_\_\_

Earnings from work under a cooperative education program offered by a college. \$ \_\_\_\_\_

*I certify that ALL of the information on this form is complete and correct.*

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

\_\_\_\_\_  
*Parent Signature (Required for dependent students) Date*

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Documents may be faxed to 217-265-5516 or mailed to the address at the top of this letter. You will be able to view receipt of faxed documents online within three business days and receipt of mailed documents within one week. To check the status of submitted documents go to [www.osfa.illinois.edu](http://www.osfa.illinois.edu) and click on "Check Your Status." If you have any questions, please contact a member of our counseling staff at 217-333-0100.

[www.osfa.illinois.edu](http://www.osfa.illinois.edu)

Email: [finaid@illinois.edu](mailto:finaid@illinois.edu)

Fax: (217) 265-5516