



FINANCIAL AID OFFICE

518 W. Locust Street ■ Davenport, Iowa 52803
563/333-5775 ■ fax 563/333-5818

2023-24 Student Verification Addendum

FEDERAL STUDENT AID PROGRAMS

Further documentation is needed to complete the verification process. Complete this form and return it to the Financial Aid Office for review.

Name Last First Middle Initial SAU student ID#

IN THE TWO SECTIONS BELOW, both tax filers and non-tax filers must list any untaxed income received and income adjustments in 2021. DO NOT leave any blanks. If it is not applicable enter "0". Failure to complete this section will delay the processing of your financial aid.

STUDENT CALENDAR YEAR 2021 PARENT(S)/STEPPARENT OR SPOUSE
UNTAXED INCOME AND

\$ Child support received for all children. Do not include foster care. \$
\$ Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). \$
\$ Veterans' non-education benefits, such as disability, death pension or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances. \$
\$ Any other untaxed income and benefits not reported elsewhere, such as Workers' Compensation, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, Refugee Assistance, etc. Don't include student aid, WIA benefits, or benefits from flexible spending arrangements, e.g., cafeteria plans. \$
\$ Cash or any money paid on your behalf, not reported elsewhere on this form. \$

EXCLUSIONS

\$ Taxable earnings from Federal Work-Study or other need-based work programs. \$
\$ Student grant, scholarship, and fellowship aid, including AmeriCorps awards. Enter ONLY the amount reported to the IRS in your (or your parents') adjusted gross income. \$
\$ Combat pay or special combat pay. Enter ONLY the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q). \$
\$ Cooperative Education Program Earnings \$

FEDERAL / STATE BENEFITS

Do you receive any of the following? Please indicate "yes" or "no." Do not leave blank. Failure to complete this section will delay the processing of your financial aid.
Welfare, TANF, FIP, WIC
Social Security (SSI, SSD)
Free/reduced lunch program

Sign This Addendum

By signing, I (we) certify that all the information reported on this worksheet is complete and correct. If Dependent, at least one parent must also sign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student signature Date

Parent signature (Dependent Student only) Date

Paperwork Reduction Act and Privacy Act Statement The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on the form is required under various provisions of title 15 U.S. C. 1601, 12 CFR 205 and 31 CFR 202, for the purpose of providing authority to St. Ambrose University to designate financial institutions to collect payments, by electronic means, from your account.