



2022-23 Student Verification Addendum

FEDERAL STUDENT AID PROGRAMS

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

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

Name _____ SAU student ID# _____
Last First Middle Initial

IN THE TWO SECTIONS BELOW, both tax filers and non-tax filers must list any untaxed income received and income adjustments in 2020. **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 2020	PARENT(S)/STEPPARENT OR SPOUSE
UNTAXED INCOME AND		

\$ _____	Child support <i>received</i> 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. <i>Don't include</i> 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.

yes no Welfare, TANF, FIP, WIC
 yes no Social Security (SSI, SSD)
 yes no 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. The information will be used for identification with the records of the government agency and the financial institution to direct your payments to the point you authorize. No deduction may be made unless a signed authorization form is received. Failure to furnish this information may delay or prevent the collection of these payments through the Automated Clearing House System.