



**Kean University
Office of Financial Aid
1000 Morris Avenue
Union, NJ 07083**

Confirmation of Financial Information and Untaxed Income for 2019-2020

Student Name: _____ Kean ID #: _____

Your 2019-2020 Free Application for Federal Student Aid (FAFSA) was selected by the Federal Processor for verification of one or more items that you reported on the FAFSA. Please complete all of the fields in the chart below, sign at the bottom, and return this form to the Office of Financial Aid. Attach an additional sheet if you need more space.

- Enter the *annual* amount(s), not weekly or monthly.
- For any amount greater than \$0, follow the Additional Instructions in the far-right column.
- Enter \$0 or "N/A" if you did not receive income in a specific category. **Blank fields will delay the processing of your aid.**

| 2017 Income Item | Student | Student's Spouse | Parent(s) | Additional Instructions |
|---|---------|------------------|-----------|--|
| Child Support Paid | \$ /yr. | \$ /yr. | \$ /yr. | Write the name and age of each child for whom support was paid in the field under the amount. |
| | | | | |
| Taxable Earnings from Need-Based Employment Programs | \$ /yr. | \$ /yr. | \$ /yr. | Name the program (e.g. Federal Work-Study) and the institution(s) where the funds were earned in the field under the amount. |
| | | | | |
| College Grant & Scholarship Aid Reported to IRS as Income | \$ /yr. | \$ /yr. | \$ /yr. | Attach a signed copy of IRS Tax Return (Form 1040, 1040A or 1040EZ). |
| Taxable Combat Pay Reported in AGI | \$ /yr. | \$ /yr. | \$ /yr. | Attach a copy(ies) of 2017 Wage and Tax Statement(s) (Form W-2). |
| Cooperative Education Earnings | \$ /yr. | \$ /yr. | \$ /yr. | Name the institution(s) where the funds were earned in the field under the amount. |
| | | | | |
| Payments to Tax-Deferred Pensions & Retirement Savings | \$ /yr. | \$ /yr. | \$ /yr. | Attach a copy(ies) of 2017 Wage and Tax Statement(s) (Form W-2). |
| Child Support Received | \$ /yr. | \$ /yr. | \$ /yr. | Write the name and age of each child for whom child support was received in the field under the amount. |
| | | | | |
| Housing, Food, & Other Living Allowances Paid to Members of the Military, Clergy, & Others | \$ /yr. | \$ /yr. | \$ /yr. | Name the type of benefit in the field under the amount. |
| | | | | |
| Other Untaxed Income such as Workers Compensation, Disability Benefits, etc. | \$ /yr. | \$ /yr. | \$ /yr. | Name the type of benefit in the field under the amount. |
| | | | | |
| Money Received or Paid on the Student's Behalf | \$ /yr. | N/A | N/A | |

Certification

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

Student Signature: _____ Date: _____

Parent Signature (dependent students only): _____ Date: _____