



STUDENT INFORMATION

First Name	Last Name	Middle	Student ID#

INSTRUCTIONS

Based on a review of your 2021-2022 FAFSA by the U.S. Department of Education, the University of Dayton is required to verify your reported household's 2019 untaxed income.

You must complete this request before we can finalize and apply financial aid to your account. We encourage you to submit this form **within 30 days of receipt**.

Failure to comply with this request can result in the loss of financial aid for the year.

2019 UNTAXED INCOME

Student (and Spouse)	Calendar Year 2019	Parent(s)/Stepparent
	Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings) , including but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D,E,F,G,H, and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	
	Child support you received for all children in your household. Don't include foster care, adoption payments or any amount that was court ordered but not actually paid.	
	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	
	Veterans' non-education benefits received such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	
	Other untaxed income not reported elsewhere on this form, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—Schedule 1, Line 12. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	
	Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form.	N/A
	◀ TOTAL	TOTAL ▶

SIGNATURES

I hereby affirm that all information I reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if I receive federal, state, or institutional student aid based on incorrect information, my financial aid award(s) may change.

Student Signature _____ **Date** _____

I hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if my student receives federal, state, or institutional student aid based on incorrect information, their financial aid award(s) may change.

Parent Signature _____ **Date** _____

**Office of Financial Aid
Flyer Student Services**
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