

Student Name: _____ ECU (Banner ID): _____

Please complete all sections of this form. Write "0" for items that do not apply. Do Not Leave Blanks.

Income Type for Tax Year 2021	Parent 1	Parent 2								
Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings) including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S. Attach copies of ALL W-2s for 2021.	\$	\$								
Child support you received in 2021 for all of the children in your household. Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Name of Adult who Received the Support</th> </tr> <tr> <td>1.</td> </tr> <tr> <td>2.</td> </tr> <tr> <th style="text-align: left;">Name of Child for whom Support was Received</th> </tr> <tr> <td>1.</td> </tr> <tr> <td>2.</td> </tr> <tr> <td>3.</td> </tr> <tr> <td>4.</td> </tr> </table>	Name of Adult who Received the Support	1.	2.	Name of Child for whom Support was Received	1.	2.	3.	4.	\$	\$
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1.										
2.										
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1.										
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Housing, food, and other living allowances paid to members of the military, clergy, and others including cash payments and/or the cash value of benefits received. Do not include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$								
Veterans non-education benefits such as Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do not include federal veterans' educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.	\$	\$								
Other untaxed income such as workers' compensation, disability benefits, untaxed foreign income, untaxed portions of health savings accounts from IRS Form 1040 Schedule 1-Line 12, etc. Do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, welfare benefits, untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, on – base military housing or a housing allowance, 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 the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2021. Include support from a parent whose information <u>was not</u> reported on the student's 2023–2024 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is the student's parent whose information is reported on the student's 2023–2024 FAFSA . Also include any distributions to the student from a 529 plan <u>owned by someone other than the student or the student's parents</u> , such as grandparents, aunts, and uncles of the student.	\$	\$								

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Due to Federal Privacy Regulations regarding email and the protection of your personal information, we urge you to send documents to our secure FAX at 252-328-4347 or mail all documents to Office of Student Financial Aid, MS510, East Carolina University, Greenville, NC 27858. For materials that may contain a social security number, please cover or remove all but the last four digits. For materials with the date of birth, please cover or remove the year. If you have any questions, please contact our office at 252-328-6610.