



2020-2021 Student Income Exclusion Worksheet

OFFICE OF STUDENT FINANCIAL PLANNING

Student Name _____

Student ID # _____

Date _____

A. FAFSA– Student Additional Financial Information

We have questions concerning certain amounts you reported on your Free Application for Federal Student Aid (FAFSA). The **Student** Additional Financial Information of your financial aid application was received as incomplete **OR** there was an inconsistency in the information you provided. Please complete the questions below and return this form to our office. If you have any questions regarding this form, please call our office at 515-271-2905 or toll-free at 1-800-44-DRAKE. Thank you for your cooperation

Please note that this worksheet collects information that is reported to the IRS on your 2018 Federal Tax Return or on the FAFSA. Use amounts received during the calendar year from January 1, 2018 to December 31, 2018, rather than amounts received during the school year. **If the answer is NONE, please write ZERO.**

| | |
|--|----|
| Education credits (American Opportunity or Lifetime Learning Tax Credits) from your IRS Form 1040 Schedule 3-line 50 | \$ |
| Child support you paid because of divorce or separation or as a result of a legal requirement. Do not include support for children in your household, as reported in the demographic section on FAFSA.* *Name(s) of child(ren) for whom support is paid: _____ _____ _____ | \$ |
| Taxable earnings from need-based employment programs, such as Federal Work-Study and need based employment portions of fellowships & assistantships. | \$ |
| Taxable student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. | \$ |
| Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay. | \$ |
| Earnings from work under a cooperative education program offered by a college. | \$ |

If there was an inconsistency in the original amounts you stated on the FAFSA, please provide a written explanation stating why the original FAFSA had incorrect information. If additional space is needed for the explanation, please use the back of this form or attach a separate sheet of paper. **Please include your student’s name and Drake ID on any separate sheets of paper included.**

B. Signature

Student Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Submit this worksheet to: finaiddocs@drake.edu or mail/fax to:

Office of Student Financial Planning • Drake University • 2507 University Ave • Des Moines, IA 50311

Toll Free: 1-800-443-7253 (Option 3) • Phone: 515-271-2905 • FAX: 515-271-4042 •

Please be sure to update your mailing address and phone number if they have changed. To do this, log into My Drake Home and on the home tab choose the MyDUSIS link and then personal information. If you would prefer to do by phone, call Registrar at 515-271-2025.