

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Student Information (Please print clearly)

Last Name	First Name	M.I.	ACC Student ID or Social Security Number
Address (include apartment number)		Date of Birth	
City	State	Zip Code	Phone Number (include area code)

Student and Spouse's 2021 Other Untaxed Income

Report annual amounts. **Complete all questions.**

Student & Spouse

Payments to tax-deferred pension and retirements (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a-12d, codes D, E, F, G, H and S. Don't include amounts reported as code DD. \$ _____

Child support received for all children. Write in the total amount received in 2021 as a result of court order as well as voluntarily provided. \$ _____

Housing, food and other living allowances paid to members of the military, clergy and others. Include cash payments and cash value of benefits. Exclude on-base military housing or basic military allowance for housing. \$ _____

Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. Don't include amounts received as Post 9/11 or Montgomery GI Bill, DEAP, or VEAP. \$ _____

Other untaxed income or benefits such as workers compensation, disability, Black Lung Benefit, untaxed portions of Health Savings Accounts from IRS form 1040 line 25, Railroad Retirement Benefits, etc. Source of Income: _____ \$ _____

Exclusions: extended foster care benefits, student aid, unemployment, earned income credit, additional child tax credit, welfare benefits, untaxed Social Security, SSI, combat pay, WIA educational benefits, flexible spending arrangements (e.g. cafeteria plans), state foster care, adoption assistance, or foreign income exclusion.

Money received, or paid on student's behalf (e.g., payment of student bills), not reported elsewhere on this form. Including money received from a parent or others who's financial information is not reported on the FAFSA. Also include distributions to the student from a 529 plan that is owned by someone other than you (the student) or your spouse. \$ _____

Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct. **WARNING:** If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student's signature	Date	Spouse's Signature	Date
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