



## 2024-25 Student Verification Addendum

### FEDERAL STUDENT AID PROGRAMS

*Further documentation is needed to complete the verification process.  
Complete this form and return it to the Financial Aid Office for review.*

Name \_\_\_\_\_ SAU student ID# \_\_\_\_\_  
Last First Middle Initial

IN THE TWO SECTIONS BELOW, both tax filers and non-tax filers must list any untaxed income received and income adjustments in 2022. **DO NOT leave any blanks. If it is not applicable enter "0".** Failure to complete this section will delay the processing of your financial aid.

#### Financial Information Calendar Year 2022

<b>Complete the table below. Enter "0" where appropriate. Do not leave blanks. OR, in lieu of completing the table, submit copies of 2022 W2s and Schedule C/C-EZ (if applicable).</b>	<b>Student</b>	<b>Spouse</b>	<b>Parent #1</b>	<b>Parent #2</b>
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	_____	_____	_____	_____
Taxable college grants and scholarship aid reported to the IRS as income.	_____	_____	_____	_____

#### FEDERAL / STATE BENEFITS

<b>Did anyone in your household receive the following Federal benefits in either 2022 or 2023?</b>	<b>Student</b>	<b>Spouse</b>	<b>Parent #1</b>	<b>Parent #2</b>
Medicaid or Supplemental Security Income (SSI) – i.e., not SSDI or Social Security retirement benefits	_____	_____	_____	_____
Supplemental Nutrition Assistance Program (SNAP)	_____	_____	_____	_____
Free or Reduced Price School Lunch.	_____	_____	_____	_____
Temporary Assistance for Needy Families (TANF)	_____	_____	_____	_____
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	_____	_____	_____	_____

### Sign This Addendum

By signing, I (we) certify that all the information reported on this worksheet is complete and correct. If Dependent, at least one parent must also sign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature (Dependent Student only) \_\_\_\_\_ Date \_\_\_\_\_

**Paperwork Reduction Act and Privacy Act Statement** The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on the form is required under various provisions of title 15 U.S. C. 1601, 12 CFR 205 and 31 CFR 202, for the purpose of providing authority to St. Ambrose University to designate financial institutions to collect payments, by electronic means, from your account. The information will be used for identification with the records of the government agency and the financial institution to direct your payments to the point you authorize. No deduction may be made unless a signed authorization form is received. Failure to furnish this information may delay or prevent the collection of these payments through the Automated Clearing House System.