



Southern Illinois University Carbondale
 900 S. Normal Avenue
 Financial Aid Office, Woody Hall, B-Wing
 Carbondale, IL 62901-4702
 618/453-4334 fax: 618/453-7305
 fao@siu.edu www.siu.edu/~fao/

**INCOME EXCLUSION
 INFORMATION REQUEST
 2005-06**

Student's Name _____ Student Identification Number _____
 Date _____

Dear Financial Aid Applicant:

Information from your 2005-06 financial aid application has been received at Southern Illinois University Carbondale. Before your financial aid eligibility can be determined, additional information is required. On your financial aid application, you indicated an amount in the question(s) pertaining to your 2004 income exclusion(s).

	Student	Parent
You reported the following amount(s) as 2004 income exclusions:	\$ _____	\$ _____

Please verify the income exclusion reported by indicating the sources and corresponding amounts in items 1-4. If you made an error and did not have any 2004 income exclusion(s), go to item 5.

- | | | |
|--|----------|----------|
| 1. Education Credits (Hope and Lifetime Learning Credits) | \$ _____ | \$ _____ |
| 2. Child Support PAID by Student and Spouse or by the Parents. Do not include support paid for children living in your household. | \$ _____ | \$ _____ |

List first and last names of children for whom child support is being paid:

- | | | |
|--|----------|----------|
| 3. Earnings from Federal Work-Study or Other Need-based Work Programs.
<i>If earnings are reported by the FAO from a school other than SIUC, the reverse side of this form must be completed before this form is returned to Financial Aid.</i> | \$ _____ | \$ _____ |
|--|----------|----------|

- | | | |
|--|----------|----------|
| 4. Student grant, scholarship, fellowship, and assistantship aid, including AmeriCorps awards that were reported to the IRS in your adjusted gross income on the 2004 U.S. Income Tax Return. Please send a signed copy of your 2004 U.S. Income Tax Return with this Form. | \$ _____ | \$ _____ |
|--|----------|----------|

Total of Lines 1, 2, 3, and 4.	\$ _____	\$ _____
--------------------------------	----------	----------

5. _____ **I SHOULD NOT HAVE REPORTED ANY AMOUNT AS 2004 INCOME EXCLUSIONS. PLEASE CORRECT MY RESPONSE TO INDICATE \$0.**

WARNING: If this form is to be used in the process of establishing eligibility of federal student aid funds, you should know that intentionally false statements or misrepresentation may subject the filer to a fine or imprisonment, or both, under the provisions of the United States Criminal Code.

I certify that all the information on this form is complete and correct.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

(only required if amounts reported by parent)

If you have questions, feel free to contact the Financial Aid Office.

To be completed by the Financial Aid Office at the institution where the student had earnings from Federal Work-Study OR other need-based work programs.

Student's Name _____

Student's Identification Number _____

Amount Earned from Need-based Work Programs in 2004 _____

Name of Institution

* _____
Signature of Financial Aid Officer

Printed Name of Financial Aid Officer

Telephone Number

Date

Return this form to:
Financial Aid Office
900 South Normal Avenue
Woody Hall, B Wing, Third Floor
Southern Illinois University Carbondale
Carbondale, IL 62901-4702
Phone: 618/453-4334 FAX: 618/453-7305