



UCLA, Financial Aid Office  
 A-129J Murphy Hall  
 Box 951435  
 Los Angeles, CA 90095-1435  
 Phone: 310-206-0400  
 Fax : 310-206-7419

**2008-2009 INCOME EXCLUSION FORM  
 (VERIFICATION OF FAFSA WORKSHEET C)**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ UID# \_\_\_\_\_

Since you and/or your parents reported an amount in **Worksheet C** for question 42 and/or question 86 on your Free Application for Federal Student Aid (FAFSA), we must verify the accuracy of the amount reported. Please complete **all** sections of this form and return it to the Financial Aid Office. Your application will not be evaluated for financial aid until this document is returned even if you have made corrections to your FAFSA.

**Instructions:**

*For all Questions:* Please provide the dollar amount in the appropriate box. If the amount is 0 or the question is not applicable to you, please put a 0 in the appropriate box. Do not include anything with this form when submitting it to the Financial Aid Office if all boxes are 0.

*For Questions 1, 2, & 3:* If an amount is given for these questions, please provide a copy of your and/or your parents(s) 2007 Federal Tax Return along with all W-2's forms.

*For Question 4:* If an amount is given for this question, please provide copies of receipts or cancelled checks verifying child support payments made during 2007.

*For Question 5:* If an amount is given for this question, please provide a copy of your AmeriCorps acceptance letter from the US Department of Education.

	Student (and Spouse)	Parent(s)
1. Education credits ( <b>Hope</b> and <b>Lifetime Learning</b> ) from IRS Form 1040-line 49 or Form 1040A-Line 31.	\$	\$
2. Taxable earnings from Federal Work-study or other need based work programs.	\$	\$
3. Student grant and scholarship aid in excess of tuition, fees, book, and supplies that was reported as income on your Tax return.	\$	\$
4. Child support you, your spouse, or your parents paid because of divorce or separation.	\$	\$
5. AmeriCorps awards (living allowances only).	\$	\$

**CERTIFICATION STATEMENT:** I certify that all information reported on this page is true and accurate to the best of my knowledge. I have also attached all required documentation if necessary. I understand that purposely falsifying information may lead to a cancelation of my aid and prevent me from receiving financial aid in future academic years.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_