

The 2024 income reported on your 2026-2027 FAFSA appears to be too low to support the number of people in the household. Our institutional policy in conjunction with the Federal Policy of conflicting information allows us to ask for supporting documentation. Complete this form to provide information that explains how you and your spouse **OR** your parent(s) (for dependent students) were able to live and support the family in 2024. **PLEASE DO NOT LEAVE BLANKS:** If an item does not apply to you, enter “-0-” or “N/A”. While it may be difficult to determine some figures, it is important to provide the most accurate information possible. Financial aid administrators have the authority to request any documentation they need in order to resolve discrepancies, per section 479A of the Higher Education Act of 1965 and the regulations at 34 CFR 668.51(b), 34 CFR 668.54(a)(3), 34 CFR 668.54(a)(5), 34 CFR 668.60(a), 34 CFR 668.60(b)(1), 34 CFR 668.60(c)(2) and 34 CFR 668.60(d).

Student Name

Student ID or SSN

Section 1:

Did anyone in the household receive income from working or from other sources in 2024? *(Submit supporting documentation, if applicable)*

Source of Income		Amount Received During 2024	Name of person who received this income.	Relationship To Student (self, parent, etc.)
a. Earnings from work <i>(submit copies of all W2's, 1099's, etc.)</i>				
b. Unemployment Compensation <i>(submit 1099-G)</i>				
c. Child Support				
d. Alimony				
e. Financial Aid <i>-in excess of school expenses</i>				
f. Other:				

Section 2:

Did anyone in the household receive any of the following types of public assistance in 2024? *(Submit supporting documentation, if applicable)*

Type of Benefit	Amount Received During 2024	Name of person who received this income.	Relationship to Student (self, parent, etc.)
a. SSI of Social Security			
b. AFDC/TANF			
c. Food Stamps/SNAP			
d. WIC			
e. Free/Reduced Price Lunch			
f. Subsidized Housing <i>(HUD, Section 8, etc.)</i>			

Section 3:

Were you (or your spouse or your parents) incarcerated during 2024?

___ No

___ Yes—from _____ to _____ (Provide sources of income received in Sections 1 and 2 for any period during 2024 during which you or your spouse or your parents were not incarcerated)

Section 4:

If you (and your spouse **OR** parents) **were not employed** and **did not receive any untaxed income** during 2024, but lived with individuals who provided support, you must indicate a dollar value to assess that support. **To do this, you will need to discuss the monthly expenses with the head of the household. PLEASE DO NOT LEAVE BLANKS:** if an item does not apply to you, enter “N/A”.

Type of Expense	Monthly Amount	Name of Individual who pays this expense	Relationship to student (self, parent, etc.)
a. Housing (rent/mortgage)			
b. Utilities (electric, gas, water)			
c. Food			
d. Phone, Internet, cable			
e. Medical, Dental			
f. Child Care			
g. Auto (car payment, insurance, maintenance, etc.)			
h. Transportation (gas, bus ticket, etc.)			
i. Personal (clothes, credit cards, personal hygiene items, etc.)			
j. Other:			
TOTAL MONTHLY EXPENSES			

How many months did you reside in the household during 2024? _____

Is your name on the mortgage/lease agreement? Yes___ No___

How many adults (over the age of 18) lived in the household in 2024? _____

CERTIFICATION: Read carefully before signing

I hereby certify that all information contained in this document, including supporting documentation is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for federal and state aid may be further verified and corrected as required.

Trine University reports all suspected cases of fraud in any attempt for the sole purpose of qualifying and/or collecting financial aid to the U.S. Department of Education for possible investigation by the Office of Inspector General and possible prosecution by an appointed United States Attorney for sentencing of fines, imprisonment, or both.

Student Signature

Date

Parent Signature (Required for Dependent Student)

Date

****Incomplete information or missing documentation WILL delay processing your request for financial aid****

Trine University

Financial Aid Office
1 University Ave
Angola, IN 46703

Main Campus

800-347-4878
260-665-4511 fax

TrineOnline - CGPS

877-294-4878
260-665-4511 fax