



PARENTS' ADDITIONAL FINANCIAL INFORMATION

PERSONAL INFORMATION

AID YEAR: 22/23

LLU ID# or Social Security Number: _____

Student Name: Last _____ First _____ Middle _____

PARENTS' ADDITIONAL FINANCIAL INFORMATION

Since your parents may or may not have reported an amount from question 91 on your Free Application for Federal Student Aid (FAFSA), we must verify the accuracy of the amount reported.

Please complete applicable sections of the form below and return it, with supporting documents, to the Office of Financial Aid . Your application will not be reviewed for financial aid consideration until this document is returned.

Note: On this worksheet, use amounts for the calendar year from January 1, 2020 to December 31, 2021 rather than amounts for the school year.

	Parent(s)
a. Education credits (American Opportunity, and Lifetime Learning) from IRS Form 1040 Schedule 3 - Line 3.	
b. Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your parents' household, as reported in question 72.	
c. Your parents' taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	
d. Your parents' taxable student grant and scholarship aid reported to the IRS in your parents' adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	
e. Combat pay or special combat pay. Only enter the amount that was taxable and included in your parents' adjusted gross income. Don't include untaxed combat pay.	
f. Earnings from work under a cooperative education program offered by a college.	

REQUIRED SIGNATURES

I certify that all the information reported on this worksheet is true and accurate to the best of my knowledge. I understand that this information will be used to determine the student's eligibility for financial aid and that false or misleading information may be cause for termination of aid and repayment of funds received.

Parent's Signature: _____ Date: ____/____/____

RETURN FORM TO:
LLU Office of Financial Aid
11139 Anderson St.
Loma Linda, CA 92350
Fax # (909)558-4283

If you have any questions please email Finaid@llu.edu or call (909) 558-4509