



Student Financial Services
 North Foundation Hall Rm 120
 318 Meadow Brook Road
 Rochester Michigan 48309-4454
 (248) 370-2550
 finservices@oakland.edu

20II

2020–2021 Independent Student Income Worksheet

Your 2020-2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Your awards are an estimate until the verification process is complete and awards finalized. Send all required documents to Student Financial Services within 14 days of initial notification or awards may be cancelled. Student Financial Services reserves the right to request additional documentation necessary to resolve conflicting information.

A. Independent Student's Information

Student's First Name Middle Initial Last Name Grizzly ID (G#)

B. Student and Spouse (if married) Income Information

Check the appropriate boxes below for the student and spouse (if applicable) and submit the requirement(s) indicated.

	If you are a Tax Filer	If you are a Non-Tax Filer (statement of non-filing is required)											
Student and Spouse (If Married)	<input type="checkbox"/> I/We filed 2018 taxes and completed the IRS Data Retrieval through FAFSA. <div style="text-align: center;">OR</div> <input type="checkbox"/> I/We filed 2018 taxes. A 2018 Tax Return Transcript from the IRS is attached (this is not a 1040).	<input type="checkbox"/> I/We earned wages in 2018 but did not file 2018 taxes and not required to file 2018 taxes. All 2018 W2(s)/1099(s) and statement of Non-Filing, dated 10/1/2019 or later, from the IRS are attached.*											
		OR	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Employer's Name (example: Grizzly's Lawn Care)</th> <th style="width: 20%;">IRS W2 Provided? (Yes or No)</th> <th style="width: 20%;">Annual Amount Earned in 2018</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Employer's Name (example: Grizzly's Lawn Care)	IRS W2 Provided? (Yes or No)	Annual Amount Earned in 2018						
	Employer's Name (example: Grizzly's Lawn Care)	IRS W2 Provided? (Yes or No)	Annual Amount Earned in 2018										
		<input type="checkbox"/> I/We did not earn any wages in 2018 so did not file 2018 taxes and not required to file 2018 taxes. Statement of Non-Filing, dated 10/1/2019 or later, from the IRS is attached.											

Best Ways to Obtain Income information

Using the IRS Data Retrieval Tool:

1. Login at fafsa.ed.gov to "Make FAFSA Corrections"
2. On the FAFSA, in the Financial Information section, click "Link to IRS"
3. On the IRS website, complete the form, click submit, then check the box next to Transfer My Tax Information into the FAFSA Form and click "Transfer Now". Submit your updated FAFSA

Requesting an IRS Tax Return Transcript:
 Online Request: <http://www.irs.gov/>. Click "Get Tax Transcript." Request the Tax Return Transcript (NOT the Account Transcript)

Requesting an IRS Verification of Non-filing Letter (must be dated after October 1, 2019):
 Paper Request Form: IRS Form 4506T-EZ or IRS Form 4506-T, submit this form to the IRS

***Wage and Income Transcript (if you are unable to obtain W2(s) from your employer):**
 Paper Request Form: IRS Form 4506T-EZ or IRS Form 4506-T, submit this form to the IRS

Detailed instructions and other ways to obtain income information can be found on our website at:
www.oakland.edu/financialservices/verification

Student's First Name _____ Middle Initial _____ Last Name _____ Grizzly ID (G#) _____

C. Student Expense Form

Is your and your spouses' (if married) 2018 income **less than** the amount listed below for the number of people in your household?

- If yes, complete the Student Expense Form below and then complete Section D
- If no, do not complete this section, skip to Section D

Household Size	1	2	3	4	5	6	7	8
2018 Income	\$12,140	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380

Note: For each additional family member, add \$4,320

The income reported on your 2020-2021 FAFSA is blank, zero or appears unusually low to support the number of people in your household. Please list your monthly expenses from January 1, 2018 – December 31, 2018 (even if paid by someone else on your behalf)

Student Expense Form	Total Monthly Amount DO NOT LEAVE ANY QUESTION BLANK
Mortgage or Rent	\$ _____ per month
Groceries (meals/food)	\$ _____ per month
Utilities	\$ _____ per month
Transportation (car payment, gas, transit)	\$ _____ per month
Insurance (medical, automotive)	\$ _____ per month
Medical/dental (not covered by insurance)	\$ _____ per month
Clothing/personal expenses (entertainment, gifts, etc.)	\$ _____ per month
TOTAL (monthly expenses)	\$ _____

Explanation

If 'Mortgage or Rent' above is reported as \$0 and/or if the total expenses listed above exceed your income, use the space below to explain how the expense is covered. If covered by a federal/state benefit (i.e. social security, TANF, etc.) not listed on the FAFSA or other documents submitted, please provide supporting documentation from the awarding agency.

D. Certification and Signatures

SIGNATURES REQUIRED: I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that based on the information provided changes to the FAFSA financial information may occur and may result in a change in financial aid eligibility.

Student Signature _____

Date _____

Spouse Signature _____

Date _____