

R _____
Student Rocket Number

Student Last Name

Student First Name



**2024-25
STUDENT UNTAXED INCOME WORKSHEET**

COMPLETE WITH
BLACK INK ONLY.

The Office of Student Financial Aid is required to resolve conflicting information reported on the Free Application for Federal Student Aid (FAFSA). Processing of your federal aid application cannot continue until you complete and return this worksheet. If you were married as of the date your FAFSA was filed, also include your spouse's information.

If the answer is zero or does not apply, please answer \$0.

UNTAXED INCOME	STUDENT (AND SPOUSE, IF MARRIED)
<p>CALENDAR YEAR CHILD SUPPORT RECEIVED:</p> <p>Enter the total amount of child support you (and your spouse, if married) received (for all children) for the most recent calendar year that ended prior to the date you filed the FAFSA.</p> <p><i>Example: If you filed the FAFSA on March 1, 2024, the most recent calendar year that ended prior to the date you filed the FAFSA would be 2023 and you would report the total amount of child support received (for all children) for calendar year 2023.</i></p>	<p>\$</p>

STUDENT HANDWRITTEN SIGNATURE AND DATE ARE REQUIRED BELOW.

AN ELECTRONIC SIGNATURE IS NOT ACCEPTABLE ON THIS FORM.

Certification Statement: By signing this worksheet, I certify that all the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature – use full legal name

Date

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.

TO RETURN THIS FORM:

Upload to: *myUT.utoledo.edu*
"My Financial Aid"
"Financial Aid Documentation Upload"

Mail to: The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, OH 43606-3390

In person: Rocket Solution Central
1200 Rocket Hall

Fax to: 419.530.5835