R		
Student Rocket Number	Student Last Name	Student First Name



2026-27 PARENT ADDITIONAL FINANCIAL INFORMATION 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. Parent information reported below should include the parent(s)/stepparent whose information was provided on your FAFSA.

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

2024 Additional Financial Information	Student	Parent(s)/ Stepparent
Provide the amount of taxable student grant and scholarship aid that you or your parent(s)/stepparent included in earnings reported on line 1a of 2024 federal 1040(s) or line 8r of 2024 Schedule 1 (Form 1040).		
If grants or scholarships were included as part of the earnings listed on your tax return, please attach a signed copy of your 2024 federal tax return and your 2024 W-2s.		
If you or your parent(s)/stepparent did not report taxable student grant or scholarship aid on your 2024 federal tax return(s), enter a zero (0) on this line.		
DO NOT ENTER THE AMOUNT LISTED ON THE IRS FORM 1098T, TUITION STATEMENT.	\$	\$
Provide the amount of taxable Americorps benefits (awards, living allowances, and interest accrual payments) that you or your parent(s)/stepparent received in 2024. If reported, this amount will appear on line 8i or line 8z of 2024 Schedule 1 (Form 1040).		
If Americorps benefits were reported on your 2024 tax return(s), <u>please attach</u> a copy of your 2024 Schedule 1 of your 2024 federal tax return and your 2024 Form 1099-MISC.		

STUDENT AND PARENT HANDWRITTEN SIGNATURES AND DATES ARE REQUIRED BELOW.

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Certification Statement: By signing this worksheet, I (we) certify that all of 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.

		TO RETURN THIS FORM:	
Student Signature -using full legal name	Date Date	Upload to:	myUT.utoledo.edu "My Financial Aid" "Financial Aid Documentation Upload"
Parent Signature -using full legal name	Date Date	Mail to:	The University of Toledo Office of Student Financial Aid 2801 West Bancroft Street, Mail Stop 314 Toledo, OH 43606-3390
Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.		In person:	Rocket Solution Central 1200 Rocket Hall
		Fay to:	<i>1</i> 10 530 5835

AFW1-D 20251103