

# UNIVERSITY *of* INDIANAPOLIS®

## Exclusion Statement (Dependent) 2009–2010

### Office of Financial Aid

1400 East Hanna Avenue / Indianapolis, Indiana 46227-3697

Phone: (317) 788-3217 / Fax: (317) 788-6136 / <http://financialaid.uindy.edu>

Student Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student ID # \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

List the people in your parental household and include:

- (1) *yourself, and*
- (2) *the parent(s) you live with (including stepparents), and*
- (3) *your parents' other children even if they don't live with your parent(s), if (a) your parent(s) provide more than half of their support from July 1, 2009, through June 30, 2010, or (b) the children would be required to provide parental information when applying for federal student aid, and*
- (4) *other people, if they now live with your parent(s), and your parent(s) provide more than half their support and will continue to provide more than half of their support from July 1, 2009, through June 30, 2010.*

Write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half-time between July 1, 2009, and June 30, 2010, and will be enrolled in a degree, diploma, or certificate program.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE
Student		_____	

Please report the amounts that apply to you or your parents for the following categories. Do not leave items blank. Report "zero" if appropriate. Report student information in the left column. Report parent information in the right column.

### STUDENT

### PARENT

- |          |  |          |
|----------|--|----------|
| \$ _____ | 1) Education credits (Hope and Lifetime Learning tax credits) from IRS form 1040, line 50; 1040A, line 31 for 2008.  | \$ _____ |
| \$ _____ | 2) Taxable earnings from Federal Work-Study or other need-based employment portions of fellowships and assistantships for 2008.  | \$ _____ |
| \$ _____ | 3) Student grant and scholarship aid reported to the IRS in your (or your parents') adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments) as well as grant or scholarship portions of fellowships and assistantships. | \$ _____ |
| \$ _____ | 4) Combat pay or special combat pay: <i>Enter only amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W2 (Box 12, Code Q)</i>  | \$ _____ |

5) Did you pay child support in 2008?

Yes  No

Did your parents pay child support in 2008?

Yes  No

If you answered "yes" to Question 5, report below the child support you (and your parents) paid because of divorce or separation or as a result of a legal requirement. Report the children for whom you (and your parents) PAID (not received) support and how much was paid for each child. Don't include support for children in your household as reported on the FAFSA.

**List full name of the person child support was paid for:**

**Amount paid in 2008:**

**Support was paid by:**

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Please make sure both signatures are complete before submitting form to the Financial Aid Office.

Please indicate an address that this form can be mailed to for completion, in the event that the Financial Aid Office determines this form to be incomplete: \_\_\_\_\_

\_\_\_\_\_