



The Peninsula's Community College

2021–2022 Parent Additional Financial Information Form

Your student’s financial aid application was selected by the U.S. Department of Education for review after 2019 Adjusted Gross Income and other financial information was compared. You and your spouse, if you are married, must complete this form. You and your student must sign and submit the form.

Do not leave any sections blank. If an item does not apply, please enter “0” or “N/A” in the associated space. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

A. Student Information

Student’s Name (Last, First, M.I.)

Student ID - *REQUIRED*

B. Additional Financial Information

Report total annual amounts for **2019**. If an item does not apply use “0” or “N/A.” Boxes left blank will result in additional information being requested. Additional requests to clarify conflicting information may delay the determination of your student’s financial aid eligibility. If more space is needed, provide a separate page with your student’s name and student ID number at the top.

Additional Financial Information to Verify:	Parent(s) Total 2019 Amount:	Parent’s Spouse’s Total 2019 Amount (if you are married):
Parent Name(s) for whom the information below is being reported (first and last name(s)): _____ _____		
Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit). List amount from IRS Form 1040 – line 50 or IRS 1040A – line 33.	\$	\$
Child Support Paid. List amount paid due to a divorce or separation as a result of a legal requirement. SUPPORT FOR THIS CHILD(REN): _____ _____	\$	\$
ADULT RECEIVING PAYMENT: _____		
Taxable Earnings from Need-Based employment programs. List amounts from Federal Work-Study, and assistantships or fellowships, if they are need-based.	\$	\$

Thomas Nelson Community College

Please submit this form to the Financial Aid Office via email (financialaid@tncc.edu), fax (757.825-3537), or in person (Hampton Campus, Griffin Hall, room 214 / Historic Triangle campus, room 117A).

Additional Financial Information to Verify:	Parent(s) Total 2019 Amount:	Parent's Spouse's Total 2019 Amount (if you are married):
Taxable college grant and scholarship aid, <u>only if it was reported to the IRS in your Adjusted Gross Income</u>. Amounts include AmeriCorp benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	\$
Combat pay or special combat pay. Only list the amount that was taxable and included in Adjusted Gross Income. <u>DO NOT INCLUDE UNTAXED COMBAT PAY.</u>	\$	\$
Earnings from work under a cooperative education program offered by a college.	\$	\$

C. Certification and Signatures

The student and the parent for whom information is provided above **MUST** sign and date this section. Each person signing below certifies that all the information reported on this form is complete and correct as is any additional information attached, if necessary. **WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.**

Student's Signature

Date

Parent's Signature

Date