

Student Name _____ Banner ID + _____

Student Email _____@MiamiOH.edu Daytime Phone #: _____

CURRENT HOUSEHOLD INFORMATION

Complete the table below for the members **currently in the FAFSA parent(s) household**. Be sure to include:

1. FAFSA Parent(s) (including a stepparent).
2. Yourself (student).
3. Other children of the FAFSA parent(s) that meet the following criteria **(even if they do not live with the student)**:
 - a. Children that will have more than half of their financial support provided by the FAFSA parent(s) from July 1, 2020, through June 30, 2021, **OR**
 - b. Children who would be required to submit the parent(s) information if they were completing a 2020-2021 FAFSA.
4. Additional household members who live with the parent(s), who will have more than half of their financial support provided by the parent(s) from July 1, 2020, through June 30, 2021.

| FAFSA Parent(s) First/Last Name | | Age | FAFSA Parent(s) Currently Married? | Date of marriage (if applicable) |
|---------------------------------|--|-----|---|-------------------------------------|
| Parent 1: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Month: _____ Year: _____ |
| Parent 2: (if applicable) | | | | |

| First/Last Name | Relationship to Student | Age | Full Name of College* | Enrolled at least half-time in college? (Yes or No) |
|-----------------|-------------------------|-----|-----------------------|--|
| | Self | | Miami University | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Include the college name for any household member (who meets criteria above), excluding parent(s) who will be enrolled **at least half-time**, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2020 and June 30, 2021. If more space is needed, attach a separate page. **Please include the student's Banner ID on all submitted documents.**

Please return this form to the One Stop:

Miami University - One Stop - 301 S. Campus Ave. - Oxford, OH 45056 513-529-0001

Email: OneStop@MiamiOH.edu - Fax: 513-529-8713 - Web: MiamiOH.edu/OneStop

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Student Name _____ Banner ID + _____

STUDENT FEDERAL TAX RETURN FILING STATUS

Did the Student file taxes for 2018?

- ☐ Yes
☐ No, but will be filing. (Additional documentation will be requested via email.)
☐ No, not required to file and will not be filing. - Complete the Employment box below.

See the Student Taxes form for instructions on submitting required documentation to the One Stop.
FAFSA PARENT(S) FEDERAL TAX RETURN FILING STATUS

Did FAFSA Parent 1 file taxes for 2018?

- ☐ Yes
☐ No, but will be filing. (Additional documentation will be requested via email.)
☐ No, not required to file and will not be filing. - Complete the Employment box below.

Did FAFSA Parent 2 file taxes for 2018?

- ☐ Yes
☐ No, but will be filing. (Additional documentation will be requested via email.)
☐ No, not required to file and will not be filing. - Complete the Employment box below.

See the Parent Taxes form for instructions on submitting required documentation to the One Stop.
Complete the Employment box below only for those who will not be filing taxes for 2018.
EMPLOYMENT

| 2018 Income | Employed | Employer(s) Name | W-2 or 1099 Received | Wages (Box 1 on W-2. If W-2 was not issued, list earnings from job.) |
|-------------|------------------------------|------------------|---|--|
| Student | <input type="checkbox"/> Yes | 1) | <input type="checkbox"/> Yes <input type="checkbox"/> No* | \$ |
| | <input type="checkbox"/> No | 2) | <input type="checkbox"/> Yes <input type="checkbox"/> No* | \$ |
| Parent 1 | <input type="checkbox"/> Yes | 1) | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| | <input type="checkbox"/> No | 2) | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Parent 2 | <input type="checkbox"/> Yes | 1) | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| | <input type="checkbox"/> No | 2) | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |

***If a W-2 was not received from work income, please indicate the reason why:**
IMPORTANT: Please do not submit original document(s) to the One Stop as we are unable to return them. Please include the student's Banner ID on all submitted documents.
CERTIFICATION: I certify that all information reported to qualify for federal student aid is complete and correct, and that purposely giving false or misleading information may lead to fines, prison, or both.

Student Signature (Original, not typed)

Date

Parent Signature (Original, not typed)

Date

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