



Office of Financial Aid & Scholarships

2024-2025 UNTAXED INCOME AND BENEFIT WORKSHEET

Student's Name: _____

LSU ID: 89 - _____ - _____

Please indicate the total amount received during the 2022 calendar year. All questions must be answered, even if the answer is zero.

Parent(s) Student & Spouse

\$ _____ \$ _____ Amount of college grants, scholarships or AmeriCorps benefits reported as income to the IRS.

\$ _____ \$ _____ Child support received for all children. Don't include foster care or adoption payments.

Yes/No Yes/No Earned Income Credit (EIC)

Yes/No Yes/No Federal housing assistance

Yes/No Yes/No Free or reduced-price school lunch

Yes/No Yes/No Medicaid

Yes/No Yes/No Refundable credit for coverage under a qualified health plan (QHP)

Yes/No Yes/No Supplemental Nutrition Assistance Program (SNAP)

Yes/No Yes/No Supplemental Security Income (SSI)

Yes/No Yes/No Temporary Assistance for Needy Families (TANF)

Yes/No Yes/No Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

By signing this statement, I (we) certify that all information on this form is complete and correct. *If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Note: Electronic signatures will not be accepted. You must print to sign.

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____