

# Financial Aid Office

University of South Carolina Lancaster

PO Box 889 • Lancaster, SC 29721-0889

Phone: 803-313-7068 • Fax: 803-313-7168 • E-mail: [usclfa@mailbox.sc.edu](mailto:usclfa@mailbox.sc.edu)

<http://usclanaster.sc.edu/finaid/index.html>

## Income Exclusions Form

You indicated on your FAFSA that one or more of the income exclusions listed below applies to you. Please check one or more of the reasons below that explain your income exclusions and indicate an amount (if applicable).

I, \_\_\_\_\_, (XXX-XX-\_\_\_\_), do hereby  
(Printed Name) (Last 4 digits of SSN)

state, by checking the appropriate box, that...

- I, or my spouse/parent(s), reported \$\_\_\_\_\_.00 in income exclusions due to education credits (American Opportunity, Hope or Lifetime learning tax credits).
- I, or my spouse/parent(s), reported \$\_\_\_\_\_.00 in income exclusions due to child support paid as a result of a legal requirement.
- I, or my spouse/parent(s), reported \$\_\_\_\_\_.00 in income exclusions due to taxable earnings from need-based employment (such as Federal College Work-Study).
- I, or my spouse/parent(s), reported \$\_\_\_\_\_.00 in income exclusions due to grant and scholarship aid received in excess of tuition, fees, books and supplies, including AmeriCorps benefits, fellowships and assistantships.
- I, or my spouse/parent(s), reported \$\_\_\_\_\_.00 in income exclusions due to taxable portions of combat pay or special combat pay.
- I, or my spouse/parent(s), reported \$\_\_\_\_\_.00 in income exclusions due to earnings from work under a cooperative education program offered by a college.
- I, or my spouse/parent(s), did not meet any of the above reasons for an income exclusion.
- I, or my spouse/parent(s), claimed an income exclusion in error.

I hereby certify that all information reported on this form and any attachments hereto are complete and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Financial Aid Office Use Only

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Student SSN

Processed By \_\_\_\_\_

Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature