



Household Resources 2025-2026

Financial Aid Office
Phone: (208) 524-3000 opt.7
Toll Free: 1-800-662-0261
Fax: (208) 525-7026
financial.aid@cei.edu
1600 S. 25th E. Idaho Falls, Idaho 83404

| First Name | Last Name | Student ID | Last 4 SSN | Phone Number |
|------------|-----------|------------|------------|--------------|
| | | | XXX-XX | |

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The federal government requires colleges to check the accuracy of the information you provided on your FAFSA. You must complete this worksheet, sign, attach any required documents, and submit the form to the Financial Aid Office before they can establish your eligibility for assistance. If you have questions about verification, contact our Financial Aid Office

Untaxed Income Information

Your FAFSA information shows that you reported unusually low income for the 2023 calendar year. The Federal Government requires colleges to check the accuracy of the information you provided on your FAFSA. You must return the information requested on this form or you will not be considered for federal financial aid.

| Student/Spouse | Calendar Year 2023 Answer questions in dollar amounts. **If no amount exists mark N/A** | Parent(s) If dependent student |
|----------------|---|-----------------------------------|
| | Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits). | |
| | Child support you received for all children in your household. Don't include foster care, adoption payments or any amount that was court ordered but not actually paid. | |
| | Veterans' non-education benefits received such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | |
| | Other untaxed income not reported elsewhere on this form, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. | |
| | Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form. | |
| | TOTAL | |

****If you entered all zeroes above, please use the second page to explain how you and your family supported your household during 2023** Additional documentation may be requested.**

Certifications and Signatures

Each person signing this form certifies that all of the information reported is complete and correct. The student and one parent (if dependent student) whose information was reported on the FAFSA must sign and date.

Student Signature: _____ Date: _____
WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Parent Signature: _____ Date: _____
(If applicable-dependent students)

| | | | |
|-------------------------------|--------------------|----------------------|---|
| Financial Aid Office Use Only | Received By: _____ | Date Received: _____ | Documentation Received <input type="checkbox"/> |
|-------------------------------|--------------------|----------------------|---|

Statement of explanation.

Explain how you and your family supported for your household during 2023.