



Household Resources 2026-2027

Financial Aid Office
 Phone: (208) 524-3000 option 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	

Untaxed Income Information

Your FAFSA information shows that you reported unusually low income for the 2024 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.

INSTRUCTIONS: Please provide the following information on the table below and return the form to the Financial Aid Office:

Student/Spouse	Calendar Year 2024 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 10.	
	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 2024** 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"/>
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Statement of explanation.

Explain how you and your family supported your household during 2024.