



Answer each question regarding the student and if applicable, the students' supporting parent(s). Visit <https://www.ohio.edu/financial-aid/forms> for directions on submitting your forms using our Secure Upload Portal or by mail or fax.

Student Name

Student PID (Pxxxxxxxxx)

Written Student Signature (Electronic Signature Not Accepted)

Date

Written Parent Signature (Electronic Signature Not Accepted)

(Parent signature required for dependent students)

Date

Means-Tested Federal Benefits

1. Please indicate if anyone supported by you or your parent(s) received benefits from any of these programs in 2023 or 2024.

___ Earned Income Tax Credit (EITC)

___ Federal Housing Assistance

___ Federal Free/Reduced Price School Lunches

___ Medicaid

___ Sec. 36B Refundable credit for Premium Assistance Coverage under a Qualified Health Plan (QHP) (include IRS Schedule 8962)

___ Supplemental Nutrition Assistance Program (SNAP) formally known as Food Stamps)

___ Supplemental Security Income (SSI) (do not include Social Security benefits)

___ Temporary Assistance for Needy Families (TANF)

___ Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)

___ None of Above

Assets:

2. Report the requested amounts below that accurately reflect assets as of the completion date of your original 2025-2026 FAFSA. Enter either a ZERO or a dollar value for each item below. **Do not leave this blank.**

	Student/Spouse	Parent(s)
Balance of cash, savings and checking accounts	_____	_____

Value of investments (Do not include home, retirement plans, and pensions)	_____	_____
---	-------	-------

Net Value of Businesses and/or Farms	_____	_____
--------------------------------------	-------	-------

Other:

3. Child Support Received for all children in 2024	_____	_____
---	-------	-------