



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, mailing, or faxing.

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

1. Individuals may be required to file the 2020 1040 Federal Return Schedule 1 if certain conditions are met. Please indicate if you, your spouse, or your parent(s) were **required** to file a 1040 Federal Return Schedule 1. Answer 'not required to file' if you did not file or only filed a Schedule 1 to report: unemployment compensation, educator expenses, IRA deduction, student loan interest deduction, Alaska Permanent Fund dividend, or virtual currency.

My parents were: ___ **required** to file schedule 1 ___ **not** required to file schedule 1

Student (and/or spouse) was: ___ **required** to file schedule 1 ___ **not** required to file schedule 1

2. Families receiving benefits from certain Federal means-tested programs in 2020 or 2021 may qualify for a reduced Expected Family Contribution. Please indicate if your family has received benefits from any of these programs in 2020 or 2021.

- | | |
|---|---|
| <input type="checkbox"/> Medicaid OR Supplemental Security Income (SSI) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Free and reduced school lunches | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) OR Women, Infants, and Children (WIC) |
| <input type="checkbox"/> None of Above | |

3. As of today are you or is either parent considered a dislocated worker based on the following criteria:

- | | |
|---|--|
| <ul style="list-style-type: none"> • They are self-employed but are unemployed due to economic conditions or natural disasters • They are receiving unemployment benefits due to reasons other than quitting their job. | <ul style="list-style-type: none"> • They have lost their job or laid off • They are active duty service member or spouse of one who is unemployed due to relocation • They are a displaced homemaker |
|---|--|

___ Yes, myself ___ Yes, my parent ___ No

4. Report the requested amounts below that accurately reflect assets as of the completion date of your original 2022-2023 FAFSA. Enter either a ZERO or a dollar value for each item below. **Do not leave this blank.**

Assets:	Student/Spouse	Parent
Balance of cash, savings and checking accounts	_____	_____
Value of investments (Do not include home, retirement plans, and pensions)	_____	_____
Value of Businesses and/or Investment Farms (Do not include family farm with 100 or less employees)	_____	_____