



**Tarboro Campus:**  
 2009 W. Wilson Street  
 Tarboro, NC 27886  
 T: 252.823.5166  
 F: 252.824-3990

**Rocky Mount Campus:**  
 225 Tarboro Street  
 Rocky Mount, NC 27801  
 T: 252.446.0431  
 F: 252.824-3990

## 2022–2023 Comment Code 400/401 Verification Form

The U.S. Department of Education has flagged your 2022-2023 FAFSA with Comment Codes 400 and/or 401. These codes are meant to resolve discrepancies in information reported on your Free Application for Federal Student Aid (FAFSA). Federal Student Aid regulations require us to correct the inconsistent information before funds can be disbursed.

# Student's Information

Student's Last Name	Student's First Name	Student's ID	
<b>2020 Untaxed Income</b>			
<b>Directions:</b> Indicate whether you and your parents (if dependent) or spouse (if married) received the following forms of income. If you or your parents/spouse did receive one of the forms of additional income, check "yes" and then report the annual amount for 2020. If you or your parents/spouse did not, check "no" and indicate \$0 for amount.		<b>Student</b>	<b>Parents or Spouse</b>
<b>Payments to tax-deferred pensions or savings plans</b> ➤ WHAT TO REPORT: Amount on W-2s in boxes 12a-12d, codes D, E, F, G, H, and S.		<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
<b>Total child support received for any of your children</b> ➤ WHAT TO REPORT: Total amount received in 2020. ➤ DO NOT REPORT: Foster care or adoption payments.		<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
<b>Housing, food, and/or other living allowances</b> ➤ WHAT TO REPORT: Allowances paid to military, clergy, or other applicable recipients. ➤ DO NOT REPORT: Value of on-base military housing or value of basic military housing allowances.		<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
<b>Veterans non-educational benefits</b> ➤ WHAT TO REPORT: Disability, Death Pension or Dependency & Indemnity Compensation (DI) and/or the VA Educational Work-Study allowances. ➤ DO NOT REPORT: GI Bill, Dependents Education Assistance Program, VA Vocational Rehabilitation Program or VEAP benefits.		<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
<b>Other untaxed income</b> ➤ WHAT TO REPORT: Workers' compensation, disability, and/or untaxed portions of health savings accounts from IRS Form 1040. ➤ DO NOT REPORT: Welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, extended foster care benefits, student aid, earned income credit, additional child tax credit, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.		<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
<b>Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form.</b> ➤ WHAT TO REPORT: Money received from a parent/other person whose financial information is <b>not</b> listed on the FAFSA. ➤ DO NOT REPORT: Money received from a parent/other person whose financial information <b>is</b> listed on the FAFSA		<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____

Student Name: \_\_\_\_\_

ECC ID# \_\_\_\_\_

## 2020 Additional Financial Information

<b>Directions:</b> Indicate whether you and your parents (if dependent) or spouse (if married) received the following forms of income. If you or your parents/spouse did receive one of the forms of additional income, check "yes" and then report the annual amount for 2020. If you or your parents/spouse did not, check "no" and indicate \$0 for amount.	<b>Student</b>	<b>Parents or Spouse</b>
<b>Total child support you paid because of divorce/separation or as a result of legal requirements</b> ➤ WHAT TO REPORT: Total amount paid in 2020. ➤ DO NOT REPORT: Support paid for children living in your household.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
<b>Taxable earnings from need-based employment programs, such as Federal Work Study</b> ➤ WHAT TO REPORT: Amounts earned from Federal Work-Study and need-based employment portions of fellowships and assistantships. ➤ DO NOT REPORT: Grant and scholarship award information not reported on taxes or included in Adjusted Gross Income (AGI).	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
<b>Taxable college grant and scholarship aid reported to IRS as income</b> ➤ WHAT TO REPORT: AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. ➤ DO NOT REPORT: Amounts of general financial aid awards such as Pell, FSEOG, Direct Subsidized/Unsubsidized Loans, Parent PLUS, Graduate PLUS or MHEC grants.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
<b>Combat or special combat pay</b> ➤ WHAT TO REPORT: Taxable amount that is included in your adjusted gross income. ➤ DO NOT REPORT: Untaxed combat pay.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
<b>Earnings from work under a cooperative education program offered by a college</b> ➤ WHAT TO REPORT: Earnings from formal co-op placement in a college program. ➤ DO NOT REPORT: Wages from employers that are not a part of the co-op program.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____

**Disclaimer:** The Office of Financial Aid reserves the right to ask for official documentation (i.e. signed 2020 IRS Tax Returns, W2 forms, court orders, benefits statements) to resolve any discrepancies in addition to this form.

**Note:** Making changes to your FAFSA to clarify inconsistent information may result in the U.S. Department of Education selecting you for verification.

# Certification and Signature

I certify that all the information reported on this Worksheet is true and correct. The student and Parent signature is required for dependent students.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Created July 12, 2022

*This form contains personally identifiable information.*

Return completed form with original signature via regular mail, in-person, fax 252-824-3990  
 Address: Office of Financial Aid, Tarboro Campus: Attn: Financial Aid, 2009 W. Wilson St, Tarboro, NC 27886  
 Rocky Mount Campus Attn: Financial Aid Office 225 Tarboro St., Rocky Mount, NC 27801  
 Phone: 252-823-5166, Website: [financialaid@edgecombe.edu](mailto:financialaid@edgecombe.edu)