

Parent of Dependent Student Error Statement Form (PESF)

Academic Year 2017-2018

 Campus Financial Services Center * 7400 Bay Road
 University Center, MI 48710
 (989) 964-4900 * FAX: (989) 964-4291
cfsc@svsu.edu * www.svsu.edu/cfsc

LAST NAME		FIRST NAME	MIDDLE INITIAL
S.S.#	SVSU I.D.#	TELEPHONE #	

INSTRUCTIONS:

Please check the appropriate box(es) and complete with both parent and student signatures. Return the completed form to Campus Financial Services Center.

- (PCS)** Parent(s) incorrectly reported **"Child support paid"** in 2015. Correct amount of child support paid in 2015 is \$_____. Please correct FAFSA question #93(b).
- (PTE)** Parent(s) incorrectly reported taxable earnings from **need based employment**, such as **Federal Work-Study**. Please correct FAFSA question #93(c) to "blank".
- (PGS)** Parent(s) incorrectly reported **taxable grant/scholarship aid in the adjusted gross income**. Please correct FAFSA question #93(d) to "blank".
- (PCP)** Parent(s) incorrectly reported **taxable combat pay**. Please correct FAFSA question #93(e) to "blank".
- (PSR)** Parent(s) incorrectly reported **"Child support received"**. Correct amount received for all children in 2015 is \$_____. Please correct FAFSA question #94(c).
- (PVN)** Parent(s) incorrectly reported untaxed **Veteran's non-education benefits**, such as Disability, Death Pension, or Dependency & Indemnity Compensation and/or VA Educational Work Study Allowances. Please correct FAFSA question #94(h) to "blank".
- (POU)** Parent(s) incorrectly reported **"Other untaxed income"** such as **untaxed workers' compensation**, disability, etc. Please correct FAFSA question #94(i) to "blank".

Certification: I (We) certify that the information above is true and accurate to the best of my (our) knowledge.

 Student Signature

 Date

 Parent Signature

 Date