2025-2026
FBFEI

Foreign Earned Income Exclusion

Office of Student Financial Services
P. O. Box 20036 • Houston, TX 77225
(713) 500-3860 phone • (713) 500-3863 fax
https://www.uth.edu/sfs/

Student ID

☐ ☐ ☐ ☐ ☐ ☐ ☐

The student and/or contributor(s) reported an amount in the Foreign Earned Income Exclusion data field on the FAFSA. In order for our office to finalize and apply financial aid to your account, please complete this form and upload any required documents. Documentation will be used to verify Foreign Earned Income Exclusion reported on FAFSA

COMPLETE ALL SECTIONS

_____
Student Last Name   Student First Name   M.I.

_____
Student Program

_____
Student Street Address (include apt. no.)

_____
Student Phone Number

_____
City   State   Zip Code

_____
Student Email Address

INSTRUCTIONS

1. **Mark the applicable SECTIONS**
2. **Upload completed form**
3. **Upload required documentation**
   ► Log on to myUTH > Upload Additional Documents > FA Unsolicited Documents > Choose Document type > Submit
   ► Documents must be clear and legible.

A. STUDENT PROGRAM

Mark the box that applies. Proceed as instructed.

Are you enrolled as a :

☐ Graduate/Professional Student - Skip to Section **C**

☐ Undergraduate Student - Proceed to Section **B**

B. DOCUMENTATION

Upload the applicable documentation for the student *and/or* contributor(s) that reported an amount in the Foreign Earned Income Exclusion data field on the FAFSA. Then proceed to Section C.

☐ 2023 Federal Income Tax Return Transcript

  ☐ Student ☐ Contributor

☐ 2023 Federal Income Tax Return and applicable schedules

  Student   Contributor

All documentation must be signed. Filers of non-U.S. tax returns, should provide a foreign government tax form equivalent.

C. CERTIFICATION AND SIGNATURE

Signing below certifies that all of the information reported on this form is true and correct to the best of my knowledge. I have provided the required documentation, if applicable and agree to provide any additional documentation upon request. I understand that if I receive federal, state, or institutional student aid based on incorrect information, my financial aid award(s) may change.

_____
Student Signature *(no electronic signatures accepted)*

_____
Contributor Signature *(no electronic signatures accepted)*

_____
Date

_____
Date