

2016-2017 Household Resources Worksheet

Your 2016-2017 FAFSA was selected by the U.S. Dept. of Education for a process called "Verification." According to federal financial aid program rules (34 CFR, Part 668), the school must request, review, and compare your 2015 income information with the figures reported on your 2016-2017 FAFSA.

Complete this entire form or it will NOT be processed. If no dollar amounts apply, enter a zero or N/A.

Student's Last Name	First Name	Student ID #	
Address (include apt. #)		City	State
			Zip Code
Phone Number		E-mail Address	

- **Dependent Students:** Complete the **STUDENT** Amount and **PARENT** Amount columns.
- **Independent Students:** Complete the **STUDENT** Amount and **SPOUSE** Amount (if applicable) columns.

STUDENT Amount	SPOUSE Amount	Report the amounts received from all UNTAXED Income sources during 2015	PARENT Amount
\$	\$	Payments to tax-deferred pension and retirement savings plans, including but not limited to, amounts reported on W2 forms in Boxes 12a-12d codes D, E, F, G, H and S	\$
\$	\$	Child support received for any of your children (do NOT include foster care payments, adoption payments, or any amount that was court ordered but NOT actually paid).	\$
\$	\$	Housing, food and other living allowances paid to members of the military, clergy and others, including cash payments and cash value of benefits. (Don't include the value of on-base military housing or the value of a basic military allowance for housing.)	\$
\$	\$	Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	\$	Other untaxed income, such as worker's compensation, disability, etc. Please indicate type here: _____ (Do Not Include: foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.)	\$
\$	\$	Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form.	\$ XXXXXXXXXX

PLEASE TURN OVER! MORE TO COMPLETE ON BACK!

Student Name: _____

Student ID #: _____

Additional Information:

So that we can fully understand the student’s family’s financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student’s household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veteran’s education benefits, military housing, free or reduced price lunch, SNAP, TANF, WIC, SSI, etc.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

Student Date

Parent (Required for dependent students) Date