

**17HR  
Household Resources  
Verification Form**



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

Student ID#: A \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Contact Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions:**

*Your financial aid verification has indicated that you may have had an unusually low income in the 2015 tax year. Please answer the questions in the following sections and submit this form to the Financial Aid Office.*

**Section I: Untaxed Income**

Provide total amounts for the student and the parent if the student is Dependent OR for the student and the spouse if the student is married. If an item does not apply then enter "N/A" for not applicable or 0. All W-2s for student, parents, and/or spouse must be provided.

Please check:  No 2015 W-2s / 1099s provided  2015 W-2s / 1099s provided

Student	Types of Untaxed Income	Parent(s) / Spouse
\$	Payments to tax-deferred pensions and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Forms, in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	\$
\$	Child support received for any of your or your parents' children <i>Do not include foster care or adoption payments.</i>	\$
\$	Housing, food and other living allowances paid to members of the military (BAS), clergy, and others (including cash payments and/or cash value of benefits). DO NOT include the value of on-base military housing or of a basic military allowance for housing. <i>Provide Dec. 2015 LES for military or W-2s for clergy/others</i>	\$
\$	Veteran's non-educational benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensations (DIC), and/or VA Educational Work Study allowances.	\$
\$	Other untaxed income not reported on the FAFSA in items 45a – 45h such as disability benefits, workers' compensation, untaxed portions of health savings accounts from IRS Form 1040 Line 25, etc. DO NOT include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, SSI, Workforce Innovation and Opportunity Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.  <b>LIST SOURCE:</b> _____	\$
\$	Money (gifts or loans) received, or paid on your behalf (e.g., bills: rent, clothing, car costs, cell phone, medical), not reported elsewhere above. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement. Also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as non-custodial parent, grandparents, aunts, and uncles of the student.  <b>LIST SOURCE:</b> _____	<i>Spouse Only</i> \$

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**Section II: Expenses**

Please indicate your (*and your spouse's or parent's, if applicable*) monthly expenses (*i.e. income*) for the **2015** year below.

Type of Expense	Amount of Expense ( monthly )	Whose Name is on this Bill?	Who Pays for this Bill?
Mortgage / Rent	\$		
Utilities	\$		
Transportation	\$		
Medical	\$		
Personal	\$		

**Section III: Resources**

Please indicate your (*and your spouse's or parent's, if applicable*) monthly resources (*i.e. income*) for the **2015** year below. This may include items that were not required to be reported on the FAFSA.

Type of Resource	Amount of Resource ( monthly )	Source?
Income from Work	\$	
<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> TANF	\$	
<input type="checkbox"/> Free or Reduced Price Lunch	\$	
Cash Support	\$	
Other: _____	\$	
Other: _____	\$	
Other: _____	\$	
Other: _____	\$	

**Section IV: Comments** (*to further explain your household's financial situation or means of support*)

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**Section V: Certification**

I hereby certify that all the information contained in this document is true and complete. I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that I may be fined, sentenced to jail or both if I am found to have knowingly or intentionally given false, fraudulent or misleading information.

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_