



**18HR**  
**Household Resources Verification Form**  
**Financial Aid Office**

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

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

**Instructions:**

Verification of your **2017-2018 FAFSA** has indicated that you may have had household resources, e.g. untaxed income, in the **2015** tax year. Please answer the questions in the following sections and submit this form to the Financial Aid Office as soon as possible.

**Section I: Expenses**

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

Type of Expense	Amount of <b>2015</b> Expense (monthly)	Whose Name is on this Bill?	Who Pays for this Bill?
Mortgage / Rent	\$		
Utilities	\$		
Transportation	\$		
Miscellaneous	\$		

**Section II: 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 <b>2015</b> Resource (monthly)	Source?
Income from Work or Self-Employment	\$	
<input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> Free or Reduced School Lunch	\$	
Cash Support from Friends / Relatives	\$	
Child Support Received	\$	
Housing, food & other living allowances paid to members of the military (excluding BAH), clergy & others.	\$	
Veteran's noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances?	\$	
Other untaxed income not reported such as workers' compensation, disability benefits, etc.?	\$	
Money received, or paid on your behalf (e.g., bills: rent, clothing, car costs, cell phone, medical)?		

**Section III: 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: \_\_\_\_\_