

2018-2019 RESOURCE VERIFICATION WORKSHEET

To consider this form completed, **all sections** of this form must be completed either electronically or with blue or black ink and it must be legible. Incomplete or illegible forms will not be processed.

Student's Name: _____ **Student ID:** _____

If you are a **Dependent** student, please consider the following when completing this verification worksheet:

- Yourself
- Your parent(s) (including step-parents or unmarried parents living together)
- Your parent(s) other dependent children if a) your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019, or b) the children will be required to provide parental information when applying for Federal Student Aid
- Other people only if they now live in your parent(s) household and your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019

If you are an **Independent** student, please consider the following when completing this verification worksheet:

(You are only independent if you are married, have children that you support, or 24 years of age or older, or have been an active military duty, or documented orphan/ward of the court.)

- Yourself
- Your spouse (if you are married)
- Your children if you will provide more than half of their support from July 1, 2018 through June 30, 2019
- Other people only if they live in your household and you provide more than half of their support and will continue to do so from July 1, 2018 through June 30, 2019

Section A: Student's Living Situation

In 2016, I was (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Living with my parent(s).
<input type="checkbox"/> Living with family other than parent(s).
<input type="checkbox"/> Living with friends. | <input type="checkbox"/> Homeless.
<input type="checkbox"/> Incarcerated.
<input type="checkbox"/> Living on my own. |
|--|--|

Section B: Untaxed Benefits

In 2016, myself or someone in my household received (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Social Security Disability Income
<input type="checkbox"/> Social Security Survivor's Benefits
<input type="checkbox"/> Social Security Retirement Income | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/> Free or Reduced School Lunch |
|---|--|

Section C: Living Expenses

Reporting a "zero or low income" on your FAFSA indicates to the Federal Government that somebody likely helped you and/or your family to maintain every day essentials, such as food and housing; thus, we need to identify who this resource was and approximate how much help they attributed to your financial situation.

Please fill in the following information. **Gift support** means that you used someone else's resources as a means of living—i.e. you lived at your grandmother's house and used her utilities. **Money received or paid on your behalf** means that you had bills in your name but someone else either gave you the money to pay those bills or someone else paid them on your behalf. **Resource** is the person or agency who provided "gift support" to you, or who gave you money to pay a bill or who paid a bill on your behalf. If the resource is a person, be sure to identify their relationship to you.

Expenses	Annual 2016 Amount	Gift Support? (Yes or No)		Resource (Name/Relationship, if applicable)
Housing	\$	Y	N	
Food	\$	Y	N	
Transportation	\$	Y	N	
Health Care	\$	Y	N	
Child Care	\$	Y	N	
Other Expenses (i.e.: Utilities, insurance, etc.)	\$	Y	N	

Section D: Child Support Received *(leave blank if not applicable)*

Please list the *actual amount* of any child support received in 2016 for the children in your household. Do not include foster care payments, adoption payments, or any amount that was court ordered but not actually paid.

Name of Payee <i>(Person receiving child support)</i>	Name of Child <i>(For whom support was received)</i>	2016 Annual Amount Received
		\$
		\$
		\$

If additional space is needed, please attach a separate page with the student's name and student ID number at the top.

Section E: Other Untaxed Income *(leave blank if not applicable)*

Please list the amount of other untaxed income not reported and not included elsewhere on this form. Include untaxed income such as Workers Compensation, Disability, Black Lung Benefits, untaxed portions of a Health Savings Account from IRS form 1040 line 25, Railroad Retirement Benefits, etc. Do not include any items reported or included in sections B or D above. Additionally, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Workforce Investment Act (WIA), educational benefits, combat pay, benefits from a flexible spending arrangement (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income in 2016
		\$
		\$
		\$

If additional space is needed, please attach a separate page with the student's name and student ID number at the top.

Section F: Acknowledgment and Signature

By signing this form, you are certifying that all information reported is complete and accurate. You understand that failure to provide complete and accurate information can delay your financial aid, and that providing false or misleading information can lead to consequences including but not limited to fines and/or imprisonment.

Student Signature: _____ **Last 4 SSN:** _____ **Date:** _____

Parent/Spouse Signature: _____ **Last 4 SSN:** _____ **Date:** _____
(Required for Dependent Students/Optional for Independent Spouses)

Contact Number: _____ **Email Address:** _____