

Independent Household Resource Form

As the student aid applicant I, _____,
(Print Full Name Clearly)

Student ID #: _____ - _____ - _____

do hereby certify, that all information provided on this form is true and accurate, representing any/all Cash, Income, and/or Benefits received into my household during the 2015 calendar year.

Student Signature: _____ Date: _____

Confirmed by Spouse: _____ Date: _____

Please complete this section by responding to **EACH** category. If any item does not apply to you and/or your spouse, please enter "N/A" where a name is requested and enter "ZERO" where an amount is requested.

Payments to tax-deferred pension and retirement savings:

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans. Examples of these would be 401(k) or 403 (b) plans, including, but not limited to, amounts reported on W-2 forms in **Boxes 12a - 12d Codes D, E, F, G, H, & S**.

Person Making Payment or Authorizing Withholding	Source or Agency Associated with Plan(s)	2015 Amount
2015 Total →		

Child Support Received:

List the actual amount of any child support received by you and/or your spouse in 2015 for qualified children in the household.

Do not include foster care payments, adoption payments, or any amount that was court ordered but not actually paid.

Name of Adult Who Received the Support	Name of Children For Whom Support was Received	2015 Amount
2015 Total →		

Housing, food and other living allowances (for military, clergy, etc.):

Include cash payments and/or cash value of benefits. **Do not include** value of on-base housing or basic housing allowance.

Name of Recipient	Type of Benefit Received	2015 Amount
2015 Total →		

Veterans' non-education Benefits:

List the total amount of veterans' non-education benefits, including Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

Name of Recipient	Type of Veterans Non-education Benefit Received	2015 Amount
2015 Total →		

Other Untaxed income:

List untaxed income not reported but not excluded on this form. Include untaxed income such as Workers' Compensation, Disability, Black Lung Benefits, untaxed portion of health savings accounts (from IRS Form 1040, line 25), Railroad Retirement benefits, etc.

Do not include Student Aid, Earned Income Credit, Additional Child Tax Credit, TANF, untaxed Social Security, SSI, WIA benefits, Combat Pay, benefits Flex Accounts benefits, Foreign Income Exclusion, or Credit for Federal tax on special fuels.

Name of Recipient	Type of "Other" Untaxed Income	2015 Amount
2015 Total →		

Household Resources (cont'd)**Money Received or paid on the student's behalf:**

List any money received or paid on your (and/or spouse) behalf and not reported elsewhere on this form. Enter the total amount of support received into your household in 2015. Include support from a parent whose information was not required to be reported on the 2016-2017 FAFSA. For example, if someone is paying your household bills, or gives you cash or gift cards, etc. Examples include but are not limited to the items in the table below:

Purpose/Expense Paid by Another	Paid for Student/Spouse	Cash to Student/Spouse	Source of Payment (Name of Payer)	2015 Monthly Amounts	Annual Amounts (Monthly x 12)
Mortgage Payments					
Rent Payments					
Utilities					
Electric					
Gas					
Water/Sewage/Trash					
Cable/Satellite/Internet					
Food/Groceries/Misc.					
Phone Service					
Home Phone					
Cellular Phone					
Car Payment					
Insurance					
Transportation					
Child Care					
Day Care					
Food/Diapers/etc.					
Credit Card Bills					
529 Plan Distribution					
Other					
				2015 Total →	

Additional Information:

Provide information about any other resources, benefits, or other amounts that you (and/or spouse) or any other qualified members of the household received in 2015. This may include items that **were not required** to be reported on the FAFSA or other forms submitted to the Financial Aid Office. Examples include but are not limited to items in the table below:

Name of Household Member Receiving Resource/Benefit	Type of Resource Or Benefit	Source of Assistance Or Benefit Program	2015 Amount
	General Assistance	Temporary Assistance for Needy Families (TANF)	
	Housing Assistance	Housing Authority:	
	Housing Assistance	Military Housing Allowance (other than basic)	
	Education Assistance	Federal Veterans Education Benefit	
	Social Security	Social Security Administration	
	Disability Payments	Social Security Administration	
	Other:		
	Other:		
	Other:		
			2015 Total →