



## 2016–2017 Household Resources Verification Group (V6) Dependent Student

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

### Section A: Sources of Income

List below all requested sources of money received from January 1, 2015 through December 31, 2015. Attach copies of all W-2 forms issued for income sources listed below.

**Please provide total yearly amounts:** To determine the annual amount received: If you received the same dollar amount monthly in 2015, multiply that amount by the number of months in 2015 you received it. If you did not receive the same amount monthly in 2015, add together the amounts you received each month.

*Example: My parent received \$350 per month for all 12 months in 2015, they would write \$4,200 in the Parent(s) Yearly Amount column (\$350 x 12 months). Or, my parent received \$350 a month in child support for 9 months of 2015 so they would write \$3,150 in the Parent(s) Yearly Amount column. \$350 X 9 = \$3,150. Use the same process for any amounts received by the student.*

Do not leave any spaces blank. If the amount is zero, please write \$0.

Income Source	Student Yearly Amount	Parent(s) Yearly Amount
Payments to tax-deferred pension and savings plans. <i>Include 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.</i>	\$	\$
Child support received for all children. <i>Do not include foster care or adoption payments.</i>	\$	\$
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). <i>Do not include the value of on-base military housing or the value of a basic military allowance for housing.</i>	\$	\$
Veterans' non-education benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and/or VA educational work-study allowances.	\$	\$
Any other untaxed income and benefits not reported elsewhere on this worksheet. <i>Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act benefits, educational benefits, combat/special combat pay, flexible spending arrangement benefits, foreign income exclusion, or federal tax income on special fuels credit.</i>	\$	\$
Cash received or any money paid on your behalf (e.g., bills) not reported elsewhere on this form.	\$	

### Section B: Benefit Programs

So that we may more fully understand your family's financial situation, please indicate whether any of the following resources/benefits were received by the parent or a member of the parent's household in calendar year 2015. **CHECK ALL THAT APPLY.**

- |   |   |
|---|---|
| <input type="checkbox"/> Supplemental Security Income (SSI)             | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)                     |
| <input type="checkbox"/> Free or Reduced Price Lunch                    | <input type="checkbox"/> Subsidized Housing or Fuel Assistance                                |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Supplemental Nutrition Program for Women, Infants and Children (WIC) |

### Section C: Certification ALL STUDENTS MUST COMPLETE THE CERTIFICATION BELOW

By signing this worksheet, I certify that all the information reported on it is complete and correct. I understand that if I purposely give false or misleading information on this worksheet I may be fined, sentenced to jail or both.

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Required)

\_\_\_\_\_  
Date