



Household Resources Form

You indicated on your 2017-18 FAFSA application that you did not file a 2015 federal income tax return **OR** the income you reported is not sufficient enough to support the number of individuals within your household size. In order to verify your financial aid eligibility you will need to provide us with additional information. You must complete all sections of this form to be verified.

Student Information	
B Number	Name
Email Address	Phone Number
Parent's Name (if applicable)	

- I (or my parents) were supported with county benefits (*SNAP, TANF, SSI, etc.*) for the 2015 year. If you mark this box have your case worker complete the necessary untaxed income forms and return to the Financial Aid Office.
- I (or my parents) are homeless or at risk of being homeless and have no additional income or resources supporting our household.
- I (or my parents) filed a 2015 Foreign Tax Return in one of the five inhabited U.S. territories: Puerto Rico, Guam, the U.S. Virgin Islands, the Northern Mariana Islands, and American Samoa. If you mark this box, provide a copy of the Foreign Tax Return to the Financial Aid Office.
- I (or my parents) just arrived in the United States, and did not file a 2015 United States Federal Tax Return or a Foreign Tax Return.
- I (or my parents) filed a 2015 Foreign Tax Return in one of the five inhabited U.S. territories: Puerto Rico, Guam, the U.S. Virgin Islands, the Northern Mariana Islands, and American Samoa. If you mark this box, provide a copy of the Foreign Tax Return to the Financial Aid Office.
- I (or my parents) lived off of other financial resources during the 2015 year (i.e. GI Bill payments, financial aid payments, etc.)
- I (or my parents) worked odd job(s) during the 2015 year, and were not supplied with any W2s's. If you mark this box then complete the below section:

Type of Work/Resource (<i>Yard work, handyman, recycled, GI Bill, Financial Aid, etc.</i>)	Approximate Amount Earned for 2015

EXPENSE	MONTHLY COST	WHO PAYS OR PROVIDES IT (LIST NAME OF PERSON AND RELATIONSHIP TO YOU)
Room and Board <i>(rent, utilities, etc.)</i>	\$	
Food	\$	
Transportation	\$	
Personal <i>(medical, clothing, cell phone, etc.)</i>	\$	

By signing, I (we) certify that all information reported on this worksheet is complete and correct. At least one parent (if student is dependent) must also sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

Signature of Parent *(if applicable)*

Date