



## 2017-2018 Household Income and Expense Verification Form

Student Name \_\_\_\_\_  
 Student ID \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Please identify one of the following that applies to you:

- \_\_\_\_\_ I am **INDEPENDENT** for financial aid purposes because I did not have to provide my parental information on the FAFSA. If this is your case, this form must be completed by you and your spouse, if married.
- \_\_\_\_\_ I am **DEPENDENT** for financial aid purposes because I did have to provide my parental information on the FAFSA. If this is your case, this form must be completed and signed by you and your parent(s).

<b>Untaxed Income and Benefits for 2015 (annual amounts)</b> <b>IMPORTANT – Report amounts received for the entire year</b>	<b>Student/Spouse</b>	<b>Parent(s)</b>
Untaxed wages, salaries, and tips (non-taxable) – W2 forms required*	\$	\$
Cash Support Received (cash, gifts, housing, food, payments, etc.)	\$	\$
Social Security Benefits (non-taxable)	\$	\$
TANF (Temporary Assistance for Needy Families)	\$	\$
Unemployment Benefits (non-taxable)	\$	\$
Child Support/Alimony Payments Received	\$	\$
Veterans Benefits (non-taxable, non-educational)	\$	\$
Financial Aid Payments/Refunds	\$	\$
Other (explain):	\$	\$
<b>Living Expenses for 2015 (annual amounts)</b> <b>IMPORTANT – Report amounts paid for the entire year</b>	<b>Student/Spouse</b>	<b>Parent(s)</b>
Rent or House Payment	\$	\$
Utilities and Phone	\$	\$
Automobile Expenses including payments, gas, insurance, etc.	\$	\$
Personal Expenses (clothing, toiletries, etc.)	\$	\$
Childcare	\$	\$
Healthcare	\$	\$
Student Loan Payments	\$	\$
Other (explain):	\$	\$

### Certification:

By signing below, I/we acknowledge and confirm that the above information is complete and accurate. Purposely giving false or misleading information may result in federal fines, jail sentence, or both. If the student is dependent, one parent whose information was reported on the FAFSA must sign and date this form.

Student Signature \_\_\_\_\_  
 Parent Signature \_\_\_\_\_  
 Date \_\_\_\_\_