



# Elizabethtown College

## Financial Aid Office

2016-2017

### Household Income and Expense Verification

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 12 month period of 2015</b>	<b>Student/Spouse</b>	<b>Parent(s)</b>
Untaxed wages, salaries, and tips (non-taxable) – Copies of W2 forms required	\$	\$
Cash Support Received (money, gifts, loans, housing, food, payments, etc.)	\$	\$
Social Security Benefits (non-taxable)	\$	\$
TANF (Temporary Assistance for Needy Families – otherwise known as welfare)	\$	\$
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 12 month period of 2015</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, soap products, etc.)	\$	\$
Childcare	\$	\$
Healthcare	\$	\$
Student Loan Payments	\$	\$
Other (explain):	\$	\$

#### Certification:

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

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

Office of Student Financial Aid  
717-361-1404 (p)  
717-361-1514 (f)