



2019-2020 Household Resources Verification Form

For Expenses & Income for 2017 year
EXP – Dependent EXS – Independent

Your 2019-2020 FAFSA was selected for review in a process called verification. The law states that before awarding Federal Student Aid, you will need to confirm your Household Resources for 2017. Financial Aid Office may request documentation to verify your income.

SECTION 1:

Sources of **Earned** Income: _____ Annual Amount: \$ _____
(Wages from employment W-2's or 1099 forms)

Sources of **Unearned** Income: _____ Annual Amount: \$ _____
(List ALL sources such as DHS, SSI, and FIA Etc....)

SECTION 2:

Include the **MONTHLY** expenses for the head of the household. If you were **not employed** or **did not receive** any untaxed income, but reside with individuals who support you, please indicate a dollar value you would assess to that support.

Head of Household Name					
Relationship to you				# in Household: _____	
Monthly expenses to consider are as follows:					
Rent/Mortgage	\$	Clothing	\$		
Utilities-Electric, Gas, Water	\$	Phone, Internet, Cable	\$		
Car Payment, Auto gas, Maintenance	\$	Car Maintenance	\$		
Insurance Premiums	\$	Debt./Credit Cards	\$		
Insurance Premiums	\$	Other Miscellaneous	\$		
Child Support Paid	\$	Entertainment	\$		
Food	\$	Medical/Dental	\$		
Personal Expenses	\$	Child Care	\$		
Total Amount of Column 1	\$	Total Amount of Column 2	\$		

Total Monthly Expenses Column 1 + Column 2	\$
# months you resided in the Household	X
Total Yearly Expenses	= \$
Divided by # in Household	÷
Total Support Provided	= \$

**** In the space provided, include a statement of support for your family during the year of 2017**

** _____

SECTION 3:
Incarceration - Please include the dates during the year of 2017 that you were incarcerated:
Beginning Date _____ Release date: _____

Please provide taxable and non-taxable income for any portion of the year 2017 you were not incarcerated using sections 1 & 2

_____ Student Signature Student ID #: _____ Date _____
_____ Head of Household (HOH) Signature HOH Social Security Number _____