

You have indicated on your FAFSA that your parent(s) had unusually low income in 2017. The Office of Financial Aid requires that you complete this form to help us ensure the accuracy of your application. This information will be used to confirm your parent(s)' living arrangements for the year 2017, and, where requested, documentation that substantiates your parent(s)' income.

PART A: PROVIDE DETAILS OF YOUR PARENT(S)' HOUSING SITUATION IN 2017.

In 2017, my parent(s)' housing situation was _____
 (examples: living with friends or extended family; living in housing with financial help of others, etc.)

PART B: EXPENSES - Who paid your family's basic living expenses each month?

EXPENSES IN 2017 <i>(January through December)</i>	LIST MONTHLY AMOUNT <i>(enter 'N/A' if not applicable)</i>	LIST YOUR PARENT(S)' RELATIONSHIP TO THE PERSON WHO PAID THE EXPENSES. <i>(Ex: parent, family member, friend, etc.)</i>
Parent(s)' rent/mortgage per month:	\$	← Paid by →
Parent(s)' utilities per month:	\$	← Paid by →
Parent(s)' child care per month:	\$	← Paid by →
Parent(s)' transportation per month:	\$	← Paid by →
Parent(s)' personal debt per month:	\$	← Paid by →
Parent(s)' personal expenses per month:	\$	← Paid by →

PART C: HOUSEHOLD INCOME of PARENT(S) (for the 2017 year - January through December)

TYPE OF INCOME IN 2017	Total ANNUAL Amount	
Parent(s)' Income from Employment	\$	You MUST attach W2s, 1099s, and/or other support documents to this Resource Letter
Government Assistance <i>(List type)</i>	\$	Type received:
Cash Support from All Sources <i>(List sources)</i>	\$	Received from:
Other Income <i>(Enter total from page 2)</i>	\$	MUST complete page 2 of this form (even if all are zero)
Total ANNUAL Income	\$	Total Income cannot equal 0

CERTIFICATION

I/we certify that all of the information on pages 1 **and** 2 of this form is true and complete to the best of my/our knowledge and that the attached documents are true and accurate. I/we realize that if I/we have knowingly provided any false or misleading information on either this form or the FAFSA (Free Application for Federal Student Aid) I/we will have to repay any financial aid received based on this information.

 Student's Name (printed)

 B _____
 Student ID #

 Student Signature

 Date

 Parent Signature

 Date

Student Name: _____

Student B#: _____

2019-2020 Verification (Dependent Students) Parent Resource Form – Items to Certify

INSTRUCTIONS: For every item listed in Column A, either enter the amount of that untaxed income received or, if none, enter zero in Column B.

If income **was** received, check the appropriate box in Column C for the required documentation and attach it to this form.

<u>COLUMN A</u> SOURCE(S) OF UNTAXED INCOME <i>(January 2017 through December 2017)</i>	<u>COLUMN B</u> LIST AMOUNT(S) RECEIVED <i>(If none, you must enter zero)</i>	<u>COLUMN C</u> IF AN AMOUNT IS LISTED IN COLUMN B YOU MUST PROVIDE THE FOLLOWING DOCUMENT(S):	
		IF YOUR PARENT(S) FILED A 2017 FEDERAL INCOME TAX RETURN:	IF YOUR PARENT(S) DID NOT FILE A 2017
Payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans such as 401(k) or 403(b) plans	\$	<input type="checkbox"/> A copy of IRS Form W-2 for each source of employment income received for tax year 2017	Not applicable
Child support received for any children. (Don't include foster care or adoption payments)	\$	<input type="checkbox"/> Proof of payments received	<input type="checkbox"/> Proof of payments received
Aid to Families with Dependent Children (AFDC) – formerly known as Temporary Assistance for Needy Families (TANF)	\$	<input type="checkbox"/> Proof of receipt of benefit	<input type="checkbox"/> Proof of receipt of benefit
Workmen's Compensation and/or Disability	\$	<input type="checkbox"/> Proof of receipt of benefit	<input type="checkbox"/> Proof of receipt of benefit
Veteran's <u>non</u> -education benefits (include Disability, Death Pension, DIC, VA work-study allowances and combat pay)	\$	<input type="checkbox"/> Proof of receipt of benefit	<input type="checkbox"/> Proof of receipt of benefit
Social Security Benefits (include SSI)	\$	<input type="checkbox"/> Proof of receipt of benefit	<input type="checkbox"/> Proof of receipt of benefit
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)	\$	<input type="checkbox"/> Proof of receipt of benefit	<input type="checkbox"/> Proof of receipt of benefit
Black Lung Benefits, Refugee Assistance, railroad retirement benefits, Job Training Partnership or WIA benefits	\$	<input type="checkbox"/> Proof of receipt of benefit	<input type="checkbox"/> Proof of receipt of benefit
Earned Income Tax Credit	\$	<input type="checkbox"/> A tax return transcript obtained from the IRS of taxes filed for tax year 2017	Not applicable
Additional Child Tax Credit	\$	<input type="checkbox"/> A tax return transcript obtained from the IRS of taxes filed for tax year 2017	Not applicable
Foreign income excluded for purposes of Federal income taxes	\$	<input type="checkbox"/> A tax return transcript obtained from the IRS of taxes filed for tax year 2017	Not applicable
Credit for federal tax on special fuels	\$	<input type="checkbox"/> A tax return transcript obtained from the IRS of taxes filed for tax year 2017	Not applicable
TOTAL	\$	<i>Total Column B and Transfer to "Other Income" box in Part C (Page 1)</i>	