

2019-2020 Household Resources

Student's Name:	ID Number:
The income reported on your FAFSA application is not sufficient to meet basic living expenses in this area. The Financial Assistance Office is required to verify how you are able to live on this income. Complete this form to clarify how the basic needs of your household were met in 2017.	
Specify if the form is being used to explain the income Independent Student OR (Include Student & Spouse income information)	of an: Dependent Student (Include Student and Parent(s) income information)
If anyone in your household received benefits from the following programs in 2016 or 2017, check the box that applies.	
 SNAP (Food Stamps) Free or Reduce TANF or WIC Social Security Benefits 	, , , , , , , , , , , , , , , , , , ,
Were you supported by family or friends, if yes please provide an estimate of the total value of support provided for you and your household by another person (other than your parents if you are a dependent student) in 2017.	
☐ YES (If Yes please put an amount, \$)	
If none of the above categories applied to you, explain how your household was supported in 2017.	
Each person signing this worksheet certifies that all of information reported on it is complete and correct.	the WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
Student's Signature (Required)	Date
Parent Signature (Required if dependent) / Spouse (Optional) Date