

**2016-2017 V6 VERIFICATION: DEPENDENT HOUSEHOLD RESOURCES VERIFICATION WORKSHEET**

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected.

To consider this form completed, *all sections* of this form must be completed either electronically or with blue or black ink and it must be legible. Incomplete or illegible forms will not be processed. Additionally, please note that additional documentation may be required.

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Section A: Family Information**

In the table below, list all members of your parents' household, beginning with yourself. Be sure to include your parent(s) and step-parent, if applicable, and/or anyone else who your parent(s) will provide more than half of their support to from July 1, 2016 – June 30, 2017. If one or more dependents will be enrolled at a post-secondary institution between this time period (July 1, 2016 – June 30, 2017), list the institution's name and whether they are enrolled in at least 6 credit hours (6-8 hours is considered half-time).

Name	Age	Relation to Student	College Attending:	Enrolled at least Half-Time?	
Write your name here.		Self	Harris-Stowe State University	Y	N
		Parent 1		Y	N
		Parent 2		Y	N
		Sibling 1			

*If additional space is needed, please attach a separate page that includes the student's name and HSSU Student ID number.*

**Section B: Student's 2015 Income Information**

Please mark only one of the following options:

I filed taxes for 2015 and used the IRS Data Retrieval Tool on my 2016-2017 FAFSA.

I filed taxes for 2015 but did not use the IRS Data Retrieval Tool on my 2016-2017 FAFSA so my 2015 Tax Return Transcript is attached to this form.

I did not file taxes for 2015 because I was not employed, had no income, and was not required to file.

I did not file taxes for 2015 because although I was employed, I earned under the amount required to file taxes.

*If this option is selected, all W2's or a W2 transcript must be attached and the following table must be completed:*

Employer	2015 Amount Earned	W2 Attached?	
	\$	Y	N
	\$	Y	N

*If additional space is needed, please attach a separate page that includes the student's name and HSSU Student ID number.*

**PLEASE CONTINUE TO THE NEXT PAGE.**

**Section C: Parent's 2015 Income Information (to be completed by Parent)**

Please mark only one of the following options:

I filed taxes for 2015 and used the IRS Data Retrieval Tool on my 2016-2017 FAFSA.

I filed taxes for 2015 but did not use the IRS Data Retrieval Tool on my 2016-2017 FAFSA so my 2015 Tax Return Transcript is attached to this form.

I did not file taxes for 2015 because I was not employed, had no income, and was not required to file.

I did not file taxes for 2015 because although I was employed, I earned under the amount required to file taxes.

*If this option is selected, all W2's or a W2 transcript must be attached and the following table must be completed:*

<b>Employer</b>	<b>2015 Amount Earned</b>	<b>W2 Attached?</b>	
	\$	<b>Y</b>	<b>N</b>
	\$	<b>Y</b>	<b>N</b>

*If additional space is needed, please attach a separate page that includes the student's name and HSSU Student ID number.*

**Section D: SNAP Benefit Information (to be completed by Parent)**

Please note that additional documentation may be required.

Did anyone listed in Section A receive SNAP benefits at any time during 2015? **Yes** **No**

**Section E: Payments to Deferred Pensions and Retirement Savings (to be completed by Parent)**

In the table below, please list the annual amounts of any payments made by yourself or your spouse, if married, to tax deferred pensions and retirement savings plans including but not limited to the amounts reported on all W2 forms in boxes 12a through 12d with codes D, E, F, G, H, and S.

<b>Name of Payer (Person making payment)</b>	<b>2015 Annual Amount Paid</b>
	\$
	\$

*If additional space is needed, please attach a separate page that includes the student's name and HSSU Student ID number.*

**Section F: Child Support Paid (to be completed by Parent)**

In the table below, please list the members of your household who paid child support in 2015. Include the name of the payer (the person who paid the child support), the name of the payee (the person receiving the child support payment), the name of the child for whom the child support was paid, and the total amount that was paid in 2015 to the nearest dollar.

<b>Name of Payer (Person paying child support)</b>	<b>Name of Payee (Person receiving child support)</b>	<b>Name of Child (For whom support was paid)</b>	<b>2015 Annual Amount Paid</b>
			\$
			\$

*If additional space is needed, please attach a separate page that includes the student's name and HSSU Student ID number.*

**2016-2017 V6 VERIFICATION: DEPENDENT**  
(CONTINUED)

**Section G: Child Support Received (to be completed by Parent)**

In the table below, please list the members of your household who received child support in 2015. Include the name of the payee (the person receiving the child support payment), the name of the child for whom the child support was paid, and the total amount that was paid in 2015 to the nearest dollar.

Name of Payee <i>(Person receiving child support)</i>	Name of Child <i>(For whom support was received)</i>	2015 Annual Amount Received
		\$
		\$

*If additional space is needed, please attach a separate page that includes the student's name and HSSU Student ID number.*

**Section H: Housing, Food, and Other Living Expenses Paid to Members of the Military or Clergy (to be completed by Parent)**

In the table below, please list housing, food, and other living expenses paid to military or clergy members in 2015. Include cash payments and/or the cash value of benefits received; *do not* include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Benefit Received	2015 Annual Amount Received
		\$
		\$

*If additional space is needed, please attach a separate page that includes the student's name and HSSU Student ID number.*

**Section I: Veteran's Non-Educational Benefits (to be completed by Parent)**

In the table below, please list the total amount of Veteran's non-educational benefits received by yourself or your spouse, if married, in 2015. Be sure to include benefits received for Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work Study allowances; please do not include Federal Veteran's educational benefits, such as The Montgomery GI Bill, Dependent's Educational Assistance Program, VEAP benefits, or Post 9/11 GI Bill.

Name of Recipient	Type of Benefit Received	2015 Annual Amount Received
		\$
		\$

*If additional space is needed, please provide a separate page that includes the student's name and student identification number with the remaining information.*

**PLEASE CONTINUE TO THE NEXT PAGE.**

**Section J: Other Untaxed Income (to be completed by Parent)**

Referencing Table A below, please list in Table B the amount of other untaxed income that was not reported and not included elsewhere on this form.

Table A	
<b>Include in Table B:</b>	Untaxed income not reported or included elsewhere on this form; Workers Compensation; Disability; Black Lung Benefits; Untaxed Portions of Health Savings Accounts from IRS Form 1040, line 25; Railroad Retirement Benefits, etc.
<b>Do Not Include in Table B:</b>	Items reported or included in Section B and/or D on this form; Student aid; Earned Income Credit; Additional Child Tax Credit; Workforce Investment Act (WIA); Educational benefits; Combat pay; Benefits from flexible spending arrangements (e.g. cafeteria plans); Foreign income exclusion; Credit for federal tax on special fuels

Table B		
Name of Recipient	Type of Benefit Received	2015 Annual Amount Received
		\$
		\$

*If additional space is needed, please attach a separate page that includes the student's name and HSSU Student ID number.*

**Section K: Money Received or Paid on Your Behalf (to be completed by Parent)**

In the table below, please list the annual amount and resource for each listed expense, where *Resource* is the person/agency that paid bills that were in your name and/or the person/agency who gave you money to pay such bills.

Expenses	2015 Annual Amount Received	Resource <i>(Name/Relationship, if applicable)</i>
<b>Housing</b>	\$	
<b>Food</b>	\$	
<b>Transportation</b>	\$	
<b>Health Care</b>	\$	
<b>Child Care</b>	\$	
<b>Other Expenses</b> <i>(e.g. Insurance, Utilities, etc.)</i>	\$	

**Section L: Certification and Signatures**

By signing this form, you are certifying that all information reported is complete and accurate. You understand that failure to provide complete and accurate information can delay your financial aid, and that providing false or misleading information can lead to consequences including but not limited to fines and/or imprisonment.

**Student Signature:** \_\_\_\_\_ **Last 4 Digits of SSN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Last 4 Digits of SSN:** \_\_\_\_\_ **Date:** \_\_\_\_\_