

# FAMILY HOUSEHOLD RESOURCES VERIFICATION WORKSHEET

2016-2017 (F17V6)

LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			
PHONE:		E-MAIL:	
<input type="checkbox"/> ARIZONA ASSURANCE <input type="checkbox"/> GATES <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> NURSING <input type="checkbox"/> GRAD ELLER <input type="checkbox"/> UA Online Campus			

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) has been selected by the Department of Education for verification, a review process which requires our office to collect documentation to verify the accuracy of your FAFSA information. In this process the University of Arizona is required to compare information from your FAFSA with other documentation, such as an official IRS Tax Return Transcript for you and your parent(s). If you and/or your parent(s) were not required to file a federal tax return, you must submit copies of any W-2 forms or earnings statements. If there are differences between your FAFSA and information on any of your verification documents, the school will make the correction electronically. Our office is prohibited from disbursing federal student aid until the verification process is complete.

Complete this verification form and submit it to the Office of Scholarships and Financial Aid as soon as possible. The financial aid office cannot further process your financial aid without this information.

**Dependent Student\***

*\*A student is considered dependent if he/she was required to provide parental information on the FAFSA*

**Independent Student\*\***

*\*\*A student is considered independent if he/she was not required to provide parental information on the FAFSA*

## FAMILY INFORMATION (Write the names of all household members in the chart on page 2)

<b>DEPENDENT STUDENTS:</b> List the people in your parent's household including:	<b>INDEPENDENT STUDENTS:</b> List the people in your household including:
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- Yourself,
- Your parents (including a stepparent) even if you do not live with your parents (include same sex parents that are married as recognized by State or foreign country),
- Your parents' other children if your parents will provide more than half of the children's support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with your parents.
- Other people if they now live with your parents and your parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.
- For any household members, excluding your parents, who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, include the name of the college.

- Yourself,
- Your spouse, if you are married, as well as same sex spouses as recognized by State or foreign country,
- Your children or spouse's children if you and/or your spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the children do not live with you.
- Other people if they now live with you or you and your spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.
- For any household members who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, include the name of the college.

**Note:** Do not include roommates.

**Note:** Do not include roommates.



Administration Building · Room 208  
 P.O. Box 210066, Tucson, AZ 85721-0066  
 TEL: 520.621.1858 · FAX: 520.621.9473  
 financialaid.arizona.edu

Full Name of Each Household Member	Year of Birth	Relationship	College (if applicable)	Enrolled Half Time (Y/N)
		Self	University of Arizona	

**CERTIFICATION OF SNAP BENEFITS - FOOD STAMPS (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM)**

In 2014 or 2015, did you, your parents, or anyone in your/parents' household receive benefits from the Supplemental Nutrition Assistance Program?

Student or Spouse  Yes  No      Parent(s) or someone in parent(s)' household:  Yes  No

**Note:** If there is reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, the school may require documentation from the agency that issued the SNAP benefits.

**CERTIFICATION OF CHILD SUPPORT PAID**

Complete this section if either of the parents included in the household, or the student and/or spouse, paid child support in 2015. List below the name(s) of the person(s) who paid the child support, the name(s) of the person(s) to whom the child support was paid, the name(s) of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name & Age of Child for Whom Support was Paid	Total Amount Paid in 2015

**Note:** If there is reason to believe the information regarding child support paid is inaccurate, the school may require additional documentation such as:

- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

**VERIFICATION OF UNTAXED INCOME FOR 2015: *If any item does not apply enter N/A (not applicable) where a response is requested, or enter 0 (zero) in an area where an amount is requested.***

**A. PAYMENTS TO TAX DEFERRED PENSION AND RETIREMENT SAVINGS**

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k), or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Annual Amount Paid in 2015
Total Payments to Tax-deferred Pension and Retirement Savings	\$

**B. CHILD SUPPORT RECEIVED**

List the actual amount of any child support received in 2015 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child for Whom Support was Received	Annual Amount of Child Support Received in 2015
Total Amount of Child Support Received		\$

**C. HOUSING, FOOD, & OTHER LIVING EXPENSES PAID TO MEMBERS OF THE MILITARY, CLERGY, & OTHERS**

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	Type of Benefit Received	Annual Amount of Benefit Received in 2015
Total Amount of Benefits Received		\$

**D. VETERANS NON-EDUCATION BENEFITS**

List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veterans' educational benefits such as: Montgomery GI Bill Dependents Education Assistance Program, VEAP Benefits, and Post 9/11 GI Bill.

Name of Recipient	Type of Veterans Non-Education Benefit	Annual Amount of Benefit Received in 2015
Total Amount of Benefits Received		\$

**E. OTHER UNTAXED INCOME**

List the amount of any other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

**Do not include** any items reported or excluded in prior sections on this form (A - D). In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA), education benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Other Untaxed Income	Annual Amount of Other Untaxed Income Received in 2015
Total Amount of Other Untaxed Income		\$

**F. MONEY RECEIVED OR PAID ON THE STUDENT'S BEHALF**

List any money received or paid on your behalf (e.g. payment of student bills) and not reported elsewhere on this form. Enter the total amount of cash support you received in 2015. Include support from a parent whose information **was not** reported on your 2016-2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for you or gives you cash, gift cards, etc., include the amount of that person's contributions *unless the person is your parent whose information is reported on the FAFSA*. Amounts paid on your behalf also include any distributions from a 529 plan ***owned by someone other than you or your parent(s)***, such as grandparents, aunts, and/or uncles.

Purpose: e.g., Cash, Rent, Books	Source	Annual Amount Received in 2015
Total Amount Received		\$

**2015 INCOME INFORMATION**

**NOTE:** A 2015 Tax Return Transcript can be obtained online at [www.irs.gov](http://www.irs.gov) or by calling 1-800-908-9946. Please do not send 1040s; this is not acceptable documentation.

<i>Student</i>			<i>Parent</i>		
<b>Student Tax Filers:</b>			<b>Parent Tax Filers:</b>		
<input type="checkbox"/>	I used the IRS Data Retrieval Tool (DRT) on my FAFSA. <i>Important Note: If you used the DRT and later changed the information, you must submit a Tax Return Transcript.</i>		<input type="checkbox"/>	I used the IRS Data Retrieval Tool (DRT) on my FAFSA. <i>Important Note: If you used the DRT and later changed the information, you must submit a Tax Return Transcript.</i>	
<input type="checkbox"/>	I corrected my FAFSA and used the DRT. You must attach the FAFSA confirmation page.		<input type="checkbox"/>	I corrected my FAFSA and used the DRT. You must attach the FAFSA confirmation page.	
<input type="checkbox"/>	I am attaching my 2015 IRS Tax Return Transcript. (Please do not send 1040s as they are not acceptable documentation)		<input type="checkbox"/>	I am attaching my 2015 IRS Tax Return Transcript. (Please do not send 1040s as they are not acceptable documentation)	
<input type="checkbox"/>	I filed an amended 2015 Tax Return or an extension. If you filed an amended return submit a signed copy of the 1040X (Amended) form. If you filed a tax extension submit a copy of the 4868 (Income Tax Extension) and W-2 form(s).		<input type="checkbox"/>	I filed an amended 2015 Tax Return or an extension. If you filed an amended return submit a signed copy of the 1040X (Amended) form. If you filed a tax extension submit a copy of the 4868 (Income Tax Extension) and W-2 form(s).	
<i>Student</i>			<i>Parent</i>		
<b>Student Non-Tax Filers:</b>			<b>Parent Non-Tax Filers:</b>		
<input type="checkbox"/>	I did/will not file a 2015 Tax Return and did not have earnings in 2015. I also understand that I may be required to complete an IRS Verification of Non-Filing letter if this form is determined insufficient.		<input type="checkbox"/>	I did/will not file a 2015 Tax Return and did not have earnings in 2015. If you select this option further clarification may be required if this form does not sufficiently demonstrate how you supported yourself and your dependent(s) in 2015. I also understand that I may be required to complete an IRS Verification of Non-Filing letter if this form is determined insufficient.	
<input type="checkbox"/>	I did/will not file a 2015 Tax Return and I am not required to file a Tax Return. If you select this option, list all of your employer(s) and income earned below and attach all W-2 form(s). I also understand that I may be required to complete an IRS Verification of Non-Filing Letter if this form is determined to be insufficient.		<input type="checkbox"/>	I did/will not file a 2015 Tax Return and I am not required to file a Tax Return. If you select this option, list all of your employer(s) and income earned below and attach all W-2 form(s). I also understand that I may be required to complete an IRS Verification of Non-Filing Letter if this form is determined to be insufficient.	
Source/Employer's Name	2015 Income	W-2 Attached? Y/N	Source/Employer's Name	2015 Income	W-2, Attached? Y/N

**CERTIFICATION AND SIGNATURES**

Each person signing this worksheet certifies that all of the information on it is complete and correct. The student and one parent must sign and date. By signing the worksheet each person also agrees, if asked, to provide information that will verify the accuracy of this completed form.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature	Date	Parent/Spouse Signature	Date

*Submit this worksheet to the University of Arizona’s Office of Scholarships and Financial Aid at:*

In Person:  
 Administration Bldg., Room 208  
 1401 E University Blvd.  
 Tucson, AZ 85721

By Mail:  
 UA Office of Scholarships and Financial Aid  
 PO Box 210066,  
 Tucson, Arizona 85721-0066

By Email:  
[askaid@email.arizona.edu](mailto:askaid@email.arizona.edu)  
 See email-submission instructions at:  
<http://financialaid.arizona.edu/forms>