



U.S. Department of Education

Household Resources 2016-2017 Verification Worksheet Federal Student Aid Programs



Your application was selected for review in a process called verification. The law says that, before awarding federal aid, we have the right to ask you to confirm information reported on your Free Application for Federal Student Aid (FAFSA) using this worksheet and other required documents. If there are differences, your FAFSA information will be corrected.

You must complete and sign this worksheet.

Non-scholarship aid will not be available until the verification process as outlined on this worksheet is complete. Preliminary Awards are estimates of eligibility. Any delay can cause the loss of eligibility for limited aid sources. Failure to complete verification prior to last day of enrollment can result in total loss of eligibility.

Authority to request and review information is provided under the financial aid program rules (34 CFR, Part 668).

More info: www.financialaid.uc.edu/verification2017

A. Student Information

Check one: Incoming Freshman or Transfer Student Continuing Student or Graduate/Law Student

_____	_____	_____	_____
Last Name	First Name	M.I.	Social Security Number
_____			_____
Address (include apt. no.)			Date of Birth
_____	_____	_____	_____
City	State	ZIP Code	Phone Number (include area code)

B. Household Information

Check one: Parental Info was Required on FAFSA Student was Not Required to Provide Parental Info on FAFSA

Student is dependent per FAFSA. Answer each section as it applies to the student and the student's parent(s) whose information is on the FAFSA.

Student is independent per FAFSA. Answer each section as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

C. 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 Payment	Total 2015 Amount Paid

D. 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 Support	Child for Whom Support Received	Total 2015 Amount Received

NOTICE ABOUT HOUSEHOLD RESOURCES

You are required to verify the information submitted on the FAFSA and other questions related to income sources not reported on your taxes.

TO INSURE COMPLETENESS, please enter "N/A" or "Not Applicable" for any item that does not apply to your household and enter "0" for amount. When not enough space, add additional pages as necessary.

Additional supporting information is not required at this time. However, supporting information may be requested if there is reason to further verify your submission.

E. Housing, Food, and Other Living Allowances

Household Resources

This section is for members of the military, clergy, or others where such allowances are provided. 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	Total 2015 Amount Received

F. Veterans Non-Education Benefits

List the total amount of veterans non-educational 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	VA Benefit Received	Total 2015 Amount Received

G. Other Untaxed Income

List the amounts of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, 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 C-F above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplementary Security Income (SSI), Workforce Investment Act (WIA) educational benefits, 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	Type of Other Untaxed Income	Total 2015 Amount Received

H. Money Received or Paid on the Student's Behalf

List any money received or paid in 2015 on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Include support from a parent whose information was not reported on the student's 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 the student or gives cash, gift cards, etc., include the source **unless the person is the student's parent whose information is reported on the student's 2016-2017 FAFSA**. Include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents.

Source	Purpose: e.g. Cash, Rent, Books	Total 2015 Amount Received

I. Other Household Resources Not Reported as Income on the FAFSA

So that we can fully understand the student's family's financial situation, please provide information about other resources, benefits, and other amounts received by the student and any members of the student's household. Include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office such as federal veterans education benefits, military housing, SNAP, TANF, etc. Items reported here will **NOT** be counted as income for EFC determination purposes but will document how the family was able to support itself in 2015.

Type of Resource	Name of Recipient(s)	Total 2015 Amount Received
TANF		
WIC		
SNAP Benefits		
Means Tested SSI		
Military Housing		
VA Education Benefits		

J. Certification and Signature

By signing this worksheet, I certify that all the information reported on it is complete and correct. One parent's signature is required when parent information was required when completing the FAFSA.

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

Student _____ Date _____

Parent (if student is dependent per the FAFSA) _____ Date _____

Do not mail this worksheet to the U.S. Department of Education.
Mail, fax, or take it to the University of Cincinnati.
You should make a copy of this worksheet for your records.

Student Financial Aid Office
University of Cincinnati
PO Box 210125
Cincinnati, OH 45221-0125
Fax (513) 556-9171

One Stop Student Services
• 220 University Pavilion, Clifton Campus
• 150 Muntz, UC Blue Ash
• 100 Student Services, UC Clermont