



Student's Last Name: _____ First and Middle Names: _____

Student's UNC Personal ID: -

2016-2017 HOUSEHOLD RESOURCES FORM INDEPENDENT STUDENTS

Based on the income reported on your 2016-2017 FAFSA, we need to ask for more detailed information about your sources of support during 2015.

Carefully review the possible income sources listed below and provide information wherever it applies to you. If it doesn't apply to you, mark \$0 or N/A.

Submit this completed form to the Office of Scholarships and Student Aid, and feel free to contact us with any questions.

Verification of Other Untaxed Income for 2015

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	Total Amount Paid in 2015
	\$
	\$

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 Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2015
		\$
		\$

C. Housing, food, and other living allowances paid to members of the military, clergy, and 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	Amount of Benefit Received in 2015
		\$
		\$

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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, Post-9/11 GI Bill

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015
		\$
		\$

E. Other untaxed income

List the amount 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 A – D 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, Supplemental 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	Amount of Other Untaxed Income Received in 2015
		\$
		\$

F. Money received or paid on the student's behalf

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. 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 amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's 2016–2017 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

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

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G. Additional information

So that we can fully understand the student's financial situation, please provide information about other resources, benefits, and support received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015
		\$
		\$
		\$
		\$
		\$

Additional comments:

H. Sign This Worksheet

Each person signing this form certifies that all the information reported on it is complete and correct. The student and spouse, if applicable, must sign this worksheet. If any person providing information purposely gives false or misleading information on this worksheet, they may face prosecution, which could result in a fine or jail sentence, or both.

Signature of Student Date

Signature of Spouse Date