



Household Resources – Dependent Student 2019-2020

Student Name _____ **Banner ID** _____

Use this form to verify any and all types of resources received. The chart below captures untaxed income that may appear on your federal income tax return. **Use the back of this form to verify other types of untaxed income received.** Return the completed form to the BSU Financial Aid Office.

Untaxed Income - Calendar Year 2017

Student		Parents
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported on the W-2 Form in Boxes 12A – 12D. Codes D, E, F, G, H, and S.	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 – line 28 + 32 or 1040A – line 17.	\$
\$	Child support received for all children. Do not include foster care or adoption payments.	\$
\$	Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b.	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040 – lines (15a minus 15b) or 1040A – lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$
\$	Untaxed portions of pensions from IRS form 1040 – lines (16a minus 16b) or 1040A lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Any other untaxed income or benefits not reported such as worker's compensation, disability, etc. Don't include student aid, Workforce Investment Act educational benefits, or benefits from flexible spending arrangements, e.g. cafeteria plans, combat pay, earned income credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Cash received , or any money paid on your behalf (e.g., bills) not reported elsewhere on this form.	XXXXXXXX XXXXXXXX

Student Signature

Parent Signature

Date

The income your parent(s) reported on the 2019-2020 FAFSA appears unusually low. In order to accurately assess your financial aid eligibility, more information is required. Please complete this worksheet indicating your family's income and expenses during **2017**. Do not leave information blank.

2017 Income

2017 Expenses

Source	Amount
Parents' Earnings from Work	\$
Unemployment Benefits	\$
Severance/Termination Pay	\$
AFDC/ General Relief	\$
Food Stamps	\$
Social Security	\$
Veterans Benefits	\$
Rental Subsidy	\$
Support from others (list source of support)	\$
Other income (List source)	\$
Other income (List source)	\$
Total of all income	\$

Expense	Amount
Rent/Mortgage	\$
Utilities	\$
Food	\$
Clothing	\$
Transportation	\$
Personal	\$
Day Care	\$
Tuition & Fees	\$
Books	\$
Other college costs	\$
Other (List)	\$
Total of all expenses	\$

Use the space below if you feel additional information would clarify your situation:

Return completed form, with required documentation to:

Financial Aid Office ~ Bridgewater State University
 45 Plymouth Street, Bridgewater, MA 02325 ~ (508) 531-1341 ~ Fax (508) 531-1728