# 2016-2017 Household Resources Verification – Independent (EIHR15)

Student’s Name: ______________________________  ETSU ID: E ____________

## A. Sources of Income

List below all requested sources of money received from January 1, 2015 through December 31, 2015. Attach copies of all W-2 forms issued for income sources listed below.

**Please provide total yearly amounts:** If you received the same dollar amount monthly in 2015, multiply that amount by the number of months in 2015 you received it. If you did not receive the same amount monthly in 2015, add the amounts you received each month.

Example: My spouse received $350 per month for all 12 months in 2015, they would write $4200 in the Spouse Yearly Amount column. Or, my spouse received $350 a month in child support for 9 months for 2015, so he/she would write $3150 in the Spouse Yearly Amount column.

Do **NOT** leave any spaces blank. If the amount is zero, please write $0.

<table>
<thead>
<tr>
<th>2015 Income Source</th>
<th>2015 Student Yearly Amount</th>
<th>2015 Spouse Yearly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 form in boxes 12a through 12d, codes D,E,F,G,H, and S. If you have TCRS in box 14, please check one. □ Voluntary deduction □ Mandatory deduction.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child support you received for all children. <strong>DO NOT</strong> include foster care or adoption payments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits.) <strong>DO NOT</strong> include the value of on-base military housing or the value of a basic military allowance for housing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans' non-educational benefits such as Disability, Death Pension, or Dependency &amp; Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other untaxed income not reported – Including workers' compensation and disability. <strong>DO NOT</strong> include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money received or paid on your behalf (e.g.,bills) not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Failure to complete every section of this form will result in a delayed financial aid package

Continue on Next Page
B. Benefits Programs
So that we may more fully understand your family’s financial situation, please indicate whether any of the following resources/benefits were received by the student or a member of the student’s household in calendar year 2015.

CHECK ALL THAT APPLY
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Subsidized Housing or Fuel Assistance
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Free or Reduced Price Lunch
- ☐ Supplemental Nutritional Program for Women, Infants and Children
- ☐ Supplemental Security Income (SSI)

C. Certifications and Signatures.
By signing this worksheet, I certify that all the information reported on it is complete and correct. I understand if I purposely give false or misleading information on this worksheet that I may be fined, sentenced to jail or both.

(Signatures must be legible. Initials are not acceptable as signatures.)

________________________________________________________________________
Student (Required) Date

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