



**2016-2017**  
**Independent Household Resources Verification Worksheet**  
 Please complete this form in ink pen only.

**Name** (Print clearly): \_\_\_\_\_ **MCC ID:** \_\_\_\_\_

**Household Information:**

List **ALL** the people that are in your household. Include:

- a) Yourself.
- b) Your spouse, if you are married.
- c) Your children, spouse’s children and other people, if you will provide more than half of their support between July 1, 2016 and June 30, 2017. Do not include children for whom child support is paid or foster children.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

Full Name	Age	Relationship	College/University Attending	Will be Enrolled at Least Half-time?
JOHN DOE	20	Self	Mott Community College	Yes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

*\*We may require additional documentation if we have reason to believe that the information regarding the household members is inaccurate.*

## Supplemental Nutrition Assistance Program (SNAP) Benefits

Did any members of your household (as reported under Household Information) receive food stamps, officially known as Supplemental Nutrition Assistance Program (SNAP) in **2014** and/or **2015**?

- Yes  
 No

## 2015 Tax Forms and Income Information

Student's Income Information check one box that applies:

- I/we did file and have used the IRS Data Retrieval Tool and have not made any changes to my 2015 tax return information before submitting my FAFSA. *Attach copies of all 2015 W-2 Forms\* that were issued to you by employer(s).*
- I/we did file and did not (or could not) transfer my 2015 tax return information to the FAFSA using the IRS Data Retrieval Tool. I have attached a copy of my **2015 IRS Tax Return Transcript** to this worksheet. *This can be obtained online at [www.irs.gov](http://www.irs.gov) or by phone (800)908-9946. Attach copies of all 2015 W-2 Forms\* that were issued to you by employer(s).*
- I/we did not file (and am not required to file) a 2015 Federal Income Tax Return, but I/we had income earned from work in 2015. *Attach copies of all 2015 IRS W-2 Forms\* that were issued to you by employer(s).*
- I/we did not file (and am not required to file) a 2015 Federal Income Tax Return and I had no income earned from work in 2015.

\* If you do not have copies, you can contact the IRS, by phone at (800) 829-1040 or online at [www.irs.gov](http://www.irs.gov) to obtain your wage and income transcript.

## 2015 Child Support Paid

Child support paid by student and/or spouse because of divorce or separation or as a result of a legal requirement. Do not include child support paid for children living in your household.

**DO NOT LEAVE THIS BLANK**, if not applicable, enter "N/A"

Name of person who paid child support	Name of person to whom child support was paid to	Name of child for whom support was paid for	Age of Child	Annual amount of support paid in 2015
				\$
				\$
				\$
				\$
<b>TOTAL</b>				\$

## 2015 Untaxed Income Information

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 (zero) in an area where an amount is requested.

<p><b>A. Payments to tax-deferred pension and retirement savings plans.</b> Any payment (directly or withheld from earnings), to tax-deferred pension and retirement saving plans (e.g. 401(k) or 403(b) plans), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, with codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).</p>	<p><b>Student</b> \$ _____</p>
<p><b>B. Child support received.</b> List the actual amount of any child support received in 2015 for the children in your household. <b>Do not include</b> foster care payments, adoption payments, or any amount was court-order buy not actually paid.</p>	<p>\$ _____</p>
<p><b>C. Housing, food and other living allowances paid to members of the military, clergy and others</b> (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of a basic military allowance for housing.</p>	<p>\$ _____</p>
<p><b>D. Veterans' non-education benefits.</b> The total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency &amp; Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.</p>	<p>\$ _____</p>
<p><b>E. Other untaxed income.</b> The amount of other untaxed income not reported and not excluded elsewhere on this form. Include workers' compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040—line 25, Railroad Retirement Benefits, etc. <b>Don't include</b> any items reported or excluded in A-C above. 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.</p>	<p>\$ _____</p>
<p><b>F. Money received, or paid on your behalf.</b> Any 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 whose financial information is not reported on the student's 2016-2017 FAFSA and that is not part of a legal child support agreement. Also include any distributions to the student from a 529 plan owned by someone other than the students or the student's parents, such as grandparents, aunts and uncles of the student.</p>	<p>\$ _____</p>
<p><b>G.</b> If all the amounts listed above are 0 (zero), please indicate how you financially provided food, clothing or shelter for yourself and/or dependents in 2015. _____</p>	

### Certification and Signature Required

Signing below certifies that all of the information reported is complete and correct.

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

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Student ID**

\_\_\_\_\_  
**Date**