Office of Student Financial Aid
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2016-2017 Family Resource & Income Statement

_____	_____	M_____	_____
Student's Name (Last)	*(First)*	*BearPass #*	*Student's Date of Birth*

COMPLETE ALL SECTIONS

This form is to be completed by the student and their spouse (if married) or the student and parent(s) (if dependent) to verify information reported on their *Free Application for Federal Student Aid* (FAFSA). Below, please list all income exclusions and untaxed income that was received for 2015. **ENTER ZEROS IF NO FUNDS WERE RECEIVED FOR A PARTICULAR FIELD. DO NOT LEAVE BLANKS.**

A. 2015 Exclusions and Untaxed Income to be Verified	Student	Parent(s) or Spouse	Total
Taxable earnings from need-based work programs such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	$	$	$
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. **Do not** enter untaxed combat pay reported on the W2 in Box 12, Code Q.	$	$	$
Payments to tax-deferred pensions and savings plans (paid directly or withheld from earnings), including, but not limited to amount reported on the W2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.	$	$	$
Child support **received** for all children. **Do not include** foster care or adoption payments as child support received.	$	$	$
Housing, food, and other living allowances paid to member of the **military, clergy,** and others (including cash payments and cash value benefits). **Include** military basic allowance for subsistence, or BAS, as reported in box 12 or 14 of W2 or on Military Leave and Earnings statement. Do not include military basic 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 untaxed income or benefits, such as worker's compensation, disability, etc. **Do not include** student aid, earned income credit, welfare payments, untaxed Social Security benefits, SSI, Workforce Investment Act educational benefits, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusions, or credit for federal tax on special fuels.	$	$	$
Money received or paid on your behalf (e.g., bills). If student, do not report money received from parents who are listed on the FAFSA, but *do* include money from a parent *not* listed on the FAFSA that is not part of a legal child support agreement.	$	$	$

B. Resources received from January 1, 2015 to December 31, 2015	Student	Parent(s) or Spouse	Total
Income from working (wages, salaries, tips)	$	$	$
Alimony paid to you	$	$	$
Benefits from a federal program (SSI, TANF, WIC, etc.). Benefit Name: _____	$	$	$
Untaxed Social Security benefits	$	$	$
Untaxed distributions of an IRA or pension	$	$	$
Military basic allowance for housing (BAH)	$	$	$
Other untaxed income (not including student aid). Specify:_____	$	$	$
Estimated value of in-kind* support *Non-monetary assistance such as rent-free housing and meals, received from any source and for which you are not obligated to repay. Estimate the amount of assistance received during the 2015 calendar year.	$	$	$
Total of all Resources from Section A and B			$

C. Expenses from January 1, 2015 to December 31, 2015	Student	Parent(s) or Spouse	Total
Housing (rent, mortgage, utilities, etc.)	$	$	$
Child care or daycare	$	$	$
Transportation (vehicle payments, insurance, gasoline, etc.)	$	$	$
Food, clothing, hygiene, and other personal care	$	$	$
Medical care (health insurance, prescriptions, co-pays, etc.)	$	$	$
Other (child support, alimony, etc.). Specify:_____	$	$	$
Total of all Expenses			$

D. Certification Statement & Signature

By signing below, I acknowledge that I have read and understand the information on this form, and certify that all information submitted is accurate and true to the best of my knowledge. I understand that submitting this form does not guarantee that my request will be granted.

_____ _____

Student's Signature *Date*

_____ _____

Parent's Signature (Required if Dependent Student) *Date*