



Date: _____ Student ID: _____
Last Name: _____ First Name: _____
Phone Number: _____ Email Address: _____

Please update your account in SiS if the email address and phone number listed above is different.

PART I: GENERAL INFORMATION

Address: _____

City, State, ZIP: _____ Date of Birth: ____/____/____

PART II: HOUSEHOLD INFORMATION

List all the people in your parent's household. Complete all the appropriate information for yourself on the first line, then provide information about other family members; be sure to include:

- ☐ yourself
- ☐ your parents (including stepparent) even if you don't live with your parents; include information about both legal (biological or adoptive) parents if they live together in the same household, regardless of marital status or gender
- ☐ your parent's other children (even if they don't live with your parents) if your parents will provide more than half their support from July 1, 2016 through June 30, 2017, **or** if the children would be required to provide parental information when applying for Federal Student Aid
- ☐ other people, if they now live with your parents and your parents provide more than half (greater than 50%) of their support and will continue to provide more than half their support from July 1, 2016 through June 30, 2017

| Full Name | Age | Relationship to student | Name of College (2016-17) (enrolled at least half-time) | Anticipated Grad Date (Month & Year) |
|--------------------------|-----|-------------------------|--|---|
| <i>You (The Student)</i> | | Self | UMass Lowell | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FEDERAL REGULATION: *Dependent students must include BOTH of their legal (biological or adoptive) parents if they live together in the same household, regardless of marital status or gender.*



PART III: PARENT & STUDENT RESOURCES

Answer all questions; do not leave blanks.

A. STATUS: If you filed a 2015 federal income tax return, use the IRS Data Retrieval Tool (DRT) to directly update your FAFSA with your actual 2015 tax information. If you cannot use the DRT, request a 2015 IRS Tax Transcript at www.irs.gov and submit a copy to our office.

| | STUDENT | PARENT(S) |
|--|--|--|
| Are you married as of today? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did you or will you file a 2015 federal income tax return? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

B. TAX RETURN NON FILERS: Complete this section if you **did not file, will not file** or **are not required** to file a 2015 federal income tax return.

| | STUDENT | PARENT(S) |
|--|--|--|
| I was employed and had income earned from work in 2015. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List the names of all employers and the amount earned from each employer in 2015. List every employer, even if the employer did not issue an IRS W-2 form. Employer's Name: _____ _____ _____ | \$ _____ \$ _____ \$ _____ | \$ _____ \$ _____ \$ _____ |
| *Attach copies of all 2015 IRS W2(s) forms | | |

C. OTHER INCOME: (Do not leave any blanks)

| | STUDENT | PARENT(S) |
|---|----------|-----------|
| Child Support RECEIVED in 2015. | \$ _____ | \$ _____ |
| Housing/food/living allowances paid to members of the military, clergy, etc. | \$ _____ | \$ _____ |
| Money received or any bills in your name <i>paid by someone else</i> in 2015. | \$ _____ | \$ _____ |
| Veteran's Non-education Benefits, such as disability, death pension, DIC. | \$ _____ | \$ _____ |
| Workman's Compensation | \$ _____ | \$ _____ |
| Other untaxed income (specify source): _____ | \$ _____ | \$ _____ |

D. SNAP: Supplemental Nutritional Assistance Program

☐ By checking this box, I certify that one of the persons listed in Part II of this worksheet received benefits from the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) at any time during the 2014 or 2015 calendar years. If asked by UMass Lowell, I will provide documentation of SNAP benefits received.



E. CHILD SUPPORT PAID: Complete this if you, one or both of your parents **PAID** child support in 2015.

| Name of Person who PAID Child Support | Name of Person to whom Child Support was Paid | Name and Age of Child for whom Support was Paid: <small>this person should not be in Part II</small> | Support Paid in 2015 |
|---------------------------------------|---|---|----------------------|
| <i>John Jones</i> | <i>Chris Smith</i> | <i>Andrew Jones – 10 years old</i> | <i>\$5,000.00</i> |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

F. ASSETS: Enter the value of each asset; values should be the full fair market value **as of the day you completed the FAFSA.** (Do NOT leave any blanks)

| | STUDENT | PARENT(S) |
|---|---------|-----------|
| 1. Value of Cash, Checking and/or Savings Accounts | \$ | \$ |
| 2. Value of Investments (Stocks, Bonds, CD's, Investments, Trust Funds, etc.) | \$ | \$ |

G. REAL ESTATE:

Report any real estate you or your parent(s) own or partially own (**do not include your primary residence**).

*If you rent a part of your primary residence, report the value of the rented portion. Values should be the full fair market value **as of the day you completed the FAFSA.**

| Property Address | What is it Worth? | What is Owed? | Who Owns it? | |
|------------------|-------------------|---------------|----------------------------------|---------------------------------|
| | \$ | \$ | <input type="checkbox"/> Student | <input type="checkbox"/> Parent |
| | \$ | \$ | <input type="checkbox"/> Student | <input type="checkbox"/> Parent |
| | \$ | \$ | <input type="checkbox"/> Student | <input type="checkbox"/> Parent |

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

Student Signature

Date

Parent Signature (*Required for Dependent Students*)

Date