



HOUSEHOLD RESOURCES VERIFICATION (V6) WORKSHEET 2016-2017

Federal Student Aid Programs Your Free Application for Federal Student Aid (FAFSA) was selected for verification which compares your FAFSA information to your financial documents. This is a federal requirement under 34CFR. If there are any differences, corrections will be made to the FAFSA and sent to the U.S. Department of Education for confirmation.

What you must do:

- Collect your and your spouse's (**if married**) and parents(s) (**for dependent students only**) 2015 Tax Return Transcript and all W-2 forms issued.
- Complete all sections of this form according to your dependency status in Blue or Black ink only. **Incomplete worksheets cause delays and will be returned for completion.**
- You and one parent must complete and sign this form (**for dependent students only**).
- Bring, fax, or mail your completed form to the UAPB Student Financial Services Office.
- Do not make any additional income/ household size/ number in college corrections to the FAFSA once this form has been submitted.
- Contact the UAPB Student Financial Services Office if you have questions completing this form.

STUDENT INFORMATION

Student Name	UAPB SID#	
Email	Phone Number (Include area code)	
Home Address (include apt. no.)		
City	State	Zip Code

HOUSEHOLD INFORMATION

Please select your dependency status by checking the appropriate option as to your household situation.

- If you (the student) answered “**NO**” to questions 46-58 on the FAFSA, you are considered “Dependent.”
- If you (the student) answered “**YES**” to any of questions 46- 58 on the FAFSA, you are considered “Independent.”



DEPENDENT STUDENT:

A student is considered dependent if he/she is required to provide parental information on the FAFSA.

All household members include:

- Yourself
- Your parent(s) even if you don't live with your parent(s) (including a step-parent, biological parents who live together but are not married, same sex parents that are married, as recognized by state or foreign country).
- Your parent(s) other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards,
- Other people only if they now live with your parent(s), and your parent(s) will provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.



INDEPENDENT STUDENT:

A student is considered independent if he/she was not required to provide parental information on the FAFSA.

All household members include:

- Yourself
- Your spouse, if married. Must include same sex spouses as recognized by state or foreign country.
- Your children, if any, if you will provide more than half of their support from July 1, 2016 through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

Write the names of **All** household member(s) as defined above, in the space(s) provided below, beginning with (**You**) the student. Also, write the name of the college for any household member who will attend college at least half- time between July 1, 2016 and June 30, 2017 and will enroll in a degree, diploma, or certificate program (please **do not** include your parent's college information in the box below). **If more space is needed, attach a separate page.**

Student's Name	Age	Relationship	College or University
		SELF	University of Arkansas Pine Bluff
Family Members	Age	Relationship to Student	College or University

**Print your Name and Student ID Number on ALL Documents ■ Return this form with all documents attached by mail, fax or email:
Student Financial Services ■ 1301 North L.A. "Prexy" Davis Drive, Mail Slot 4985 ■ Pine Bluff, AR 71601
By Fax ■ (870) 575- 4622 By Email ■ finaid@uapb.edu**

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) & CHILD SUPPORT PAID

Did a member of your/your spouse's/your parent(s) household receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015? YES NO

- If there should be any reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the benefits in 2014 or 2015.

CHILD SUPPORT PAID:

Check here if child support was **NOT** paid to another household in 2015 and skip to **Income Tax Status Information**.

Complete this section if you, your parent(s), or spouse indicated on the FAFSA that child support was **paid** for 2015 because of divorce, separation, or legal requirement.

Name of person who paid support	Name of person to whom support was paid	Yearly amount paid	Name of child for whom support was paid
		\$	Age:
		\$	Age:
		\$	Age:
		\$	Age:

- If there should be any reason to believe that the information regarding the child support **paid** is not accurate, we may require additional documentation, such as: A statement from the individual receiving the child support certifying the amount of child support received; or copies of the child support payment checks or money order receipts from the governing state agency or individual.

INCOME TAX STATUS INFORMATION

Check only **One** box below for you (the student)/ your spouse (if the student is married) and parent(s) (for dependent students) that best describes the status of your 2015 federal tax return.

- A faster alternative to verify income is by using the IRS Data Retrieval Tool that is part of the **FAFSA on the Web**. To access this option log back into your 2016-2017 FAFSA at www.FAFSA.gov. If you are unsuccessful with this option you must attach a copy of your **2015 IRS Tax Return Transcript** to this form. To obtain an IRS Tax Return Transcript, go to www.IRS.gov and click on "Order a Return or Account Transcript" link, or call 1 (800) 908-9946.
- You **must** attach copies of all **2015 IRS W-2** forms. If you no longer have a physical copy of your 2015 W-2 form, you may request a copy of the 2015 W-2 transcript. Go to www.IRS.gov. If it is believed that any information has been reported inaccurately, you may be asked to provide additional information from the IRS that indicates that a 2015 IRS form was not filed.

STUDENT	PARENT(S)
<input type="radio"/> I used the IRS Data Retrieval Tool while completing the FAFSA and transferred my 2015 income information to the FAFSA and did not make any additional changes to the information.	<input type="radio"/>
<input type="radio"/> A copy of the 2015 IRS Tax Return Transcript is attached to this form. <ul style="list-style-type: none"> Copies of original tax returns are not accepted. If you/ your spouse (if married) or parents (if dependent) have filed separate returns, copies from each individual must be submitted for processing. 	<input type="radio"/>
<input type="radio"/> I did not file a 2015 Tax Return and did not have earnings in 2015	<input type="radio"/>
<input type="radio"/> I was employed, but was not required to file a 2015 Tax Return. <ul style="list-style-type: none"> If you select this option, you must attach a copy of all your 2015 W-2(s) to this form. 	<input type="radio"/>

PLEASE CONTINUE TO THE NEXT PAGE

Print your Name and Student ID Number on ALL Documents ■ Return this form with all documents attached by mail, fax or email:
 Student Financial Services ■ 1301 North L.A. "Prexy" Davis Drive, Mail Slot 4985 ■ Pine Bluff, AR 71601
 By Fax ■ (870) 575- 4622 By Email ■ finaid@uapb.edu

UNTAXED INCOME & ADDITIONAL INFORMATION

Enter the amounts of earned and/or untaxed income and benefits you received from January 1, 2015- December 31, 2015. Enter zero when appropriate.

STUDENT	Enter YEARLY Amounts	PARENT
\$	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 Forms in boxes 12a through 12d, codes D, E, F, G, H, and S.	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040- total of lines 28 +32 or 1040A- line 17.	\$
\$	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 zero.	\$
\$	Untaxed portions of pensions from IRS Form 1040- lines (16a minus 16b) or 1040A- lines (12a minus 12b). Exclude rollovers. If negative, enter zero.	\$
\$	Education Credits (American Opportunity, and Lifetime Learning tax credits) from IRS form 1040- line 49 or 1040A- line 31.	\$
\$	Child Support received for any of your children. Do not include foster care or adoption payments.	\$
\$	Other untaxed income not reported, such as worker's compensation, disability, untaxed portions of the health savings accounts from IRS 1040Form- line 25. Don't include: student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational 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.	\$
\$	Veterans Non-Education Benefits: Housing, Food, and other living expenses paid to members of the military, clergy, and others. List the total amount of veteran non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do not include federal Veteran's educational benefits. Include cash payments and/or the cash value of benefits received. Do not include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Money Received or Paid on the Student's Behalf List any money received or paid on the student's behalf and not reported elsewhere on this form. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is the student's parent whose information is reported on the student's 2016-2017 FAFSA. Include the support from a parent whose information was not reported on the student's 2016-2017 FAFSA. Amounts paid on the student's behalf includes TANF or distributions to the student from a 529 plan (include the distribution amounts in this section) owned by someone other than the student or the student's parent(s). This section is designated for the student only.	N/A
\$	Additional Financial Support Please provide information about any other resources, benefits and other amounts received by any members of the student's household listed in the Household Information Section. This may include items that were not required to be reported on the 2016-2017 FAFSA or elsewhere on this form. Please include such things as Federal Veteran's Education benefits, military housing, SNAP food assistance, TANF or other cash assistance, financial support received from friends or relatives, etc. A written explanation of how the household met its living expenses in 2015 may also be required.	\$

SIGNATURES (REQUIRED)

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If you are considered a dependent student, at least **one** parent must sign before submitting. **WARNING- If you purposefully give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student Signature

Date

Parent Signature (Dependent students Only)

Date

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